

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L010000009055**

haircolorxpress, Coral Springs, L.L.C.

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-06/06/01--01054--025  
\*\*\*155.00 \*\*\*155.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

DIVISION OF CORPORATION  
01 JUN -6 AM 11:22

RECEIVED

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/6/01

Order#: 4523414

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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B  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION  
FOR  
haircolorxpress, Coral Springs, L.L.C.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

haircolorxpress, Coral Springs, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is

6557 Las Flores, Boca Raton, Florida 33433.

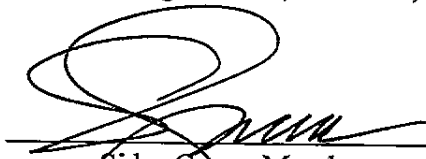
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Name: Sidra Gruss  
Address: 6557 Las Flores, Boca Raton, Florida 33433.

**Article IV - Management**

⊗The Limited Liability Company is to be managed by one manager and is, therefore, a manager  
- managed company.

  
Sidra Gruss, Member

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TALLAHASSEE, FLORIDA

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In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

### Consent of Registered Agent

Having been named as registered agent and to accept service of process for haircolorxpress, Coral Springs, L.L.C. at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

  
Sidra Gruss, Registered Agent

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TALLAHASSEE, FLORIDA