TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327

*****78.75

Tananassee, FL 3231	.4	Ö	00006236- -07/08/021 ******78.75	\$0300 01011004 *****78.75
SUBJECT: C	APF KUTS BEAUT (PROPOSED CORPORA)	Y <i>SALCH</i> LL TENAME- <u>MUST INCLI</u>	UDE SUFFIX)	_
			00006236 -07/23/020 ****46.25	030 <u>-</u> -0 1016-008 *****46.25
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	•
□ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	A ACCOUNTIN	IL ENOUP inted or typed)		
	2407 FAST 1	MALL DIL		
	FT. MY ERS, City, S	FC 3390 State & Zip		

239-939-

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 9, 2002

A ACCOUNTING GROUP 2407 EAST MALL DR. FT. MYERS, FL 33901

SUBJECT: CAPE KUTS BEAUTY SALON L.L.C.

Ref. Number: W02000019742

We have received your document for CAPE KUTS BEAUTY SALON L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$46.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 902A00042622

02 JUL 19 AM 9: 31
SEURFTARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: CAPE KUTS BEAUTY SIGLON L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2407 EAST MALL DEIVE FT. MYEAS, FL 33501
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
RUDEMCK D. MCLEOD Name
2407 EAST MALL DA Florida street address (P.O. Box NOT acceptable)
FT MYEAS FL 33901 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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, F.S. Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) $\frac{\mathbb{Z}}{\mathbb{Z}}$
Signature of a member or an authorized representative of a member. (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.)
RODIERICIC D MCLEID Typed or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)