Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: BUSINESS FILINGS

Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

LIMITED LIABILITY COMPANY

Hair By Gaston LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION OFHair By Gaston LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Hair By Gaston LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4346 Creekside Blvd., Kissimmee, Florida 34746.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated; 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of F91000001813 Miami-Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Gașton Moons, 4346 Creekside Blvd., Kissimmee, Florida 34746

Richard Oster, Vice President Business Filings Incorporated

Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717 (608) 827-5300

2002/52492

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Hair By Gaston LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature:

Richard Oster, Vice President Business Filings Incorporated Date: October 21, 2002

SECRLIARY OF STATE

FAX AUDIT # 4020002152492