

L0300000 46006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

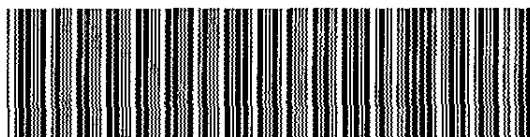
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TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 915749 7365985

AUTHORIZATION :

*Patricia Pujols*

COST LIMIT : \$ 125.00

ORDER DATE : January 31, 2003

ORDER TIME : 10:53 AM

ORDER NO. : 915749-001

CUSTOMER NO: 7365985

CUSTOMER: Ms. Lesly Huerres  
Ms. Lesly Huerres

729 Nw 18 Place

Miami, FL 33125

DOMESTIC FILING

NAME: HAIR PLANET SALON, LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HAIR PLANET SALON, LLC

## ARTICLE II - Address:

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

729 NW 18 PLACE, MIAMI, FL 33125

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.*

Corporation Service Company

By: Deborah D Skipper

Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

(An additional article must be added if an effective date is requested)

Deborah D Skipper

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.)

DEBORAH D. SKIPPER

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)

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HAIR PLANET SALON, LLC

MANAGING MEMBER LIST

LESLY HUERRES

NOEL SOSA

729 NW 18 PLACE, MIAMI, FL 33125

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Sub. JURY C. J. JURY  
TALLAHASSEE, FLORIDA

sxk

## LIMITED POWER OF ATTORNEY


The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of HAIR PLANET SALON, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 6 day of February 2003

  
Signature

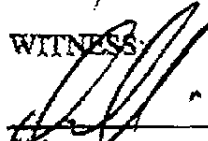
Lesly Auerres  
Print Name of Signer

WITNESS:

  
Signature

Noel Sosa  
Print Name of Witness

WITNESS:

  
Signature

Geniel L. Sanchez  
Print Name of Witness