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INV. JOH OF CORPORATIONS FACLAHASSEE, FLORIDA

W03-18880 LEMMAN JUL -2 2003

SHEILA DORVILIER

10370 S.W 220 ST. Apt. 205 Miami,Fl. 33190 305 233-9232 aprodidies@yahoo.com

June 3, 2003

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Re: Articles of Organization

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization along with total filing fee of \$125.00

Please file and provide a filed copy to me, together with any other information you commonly provide to Limited Liability Companies at the address above.

Please contact me at the address above if you require anything further. My telephone number is (305) 233-9232

Sincerely, Sheila Dorvilier

Signature



1/ No Copies



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 2, 2003

SHEILA DORVILIER 10370 S.W.220 ST. APT. 205 MIAMI, FL 33190

SUBJECT: INSTYLELL.C. Always In Style Beauty Salon L. C.

Ref. Number: W03000018880

We have received your document for IN STYLE L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 603A00039768

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	Style Beauty Salon L.L.C
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
	Ana Evans
	Name Eo E
214	430 S.W 119 Ave.
Florida stree	et address (P.O. Box NOT acceptable)
	Miami FL 33177
	City, State, and Zip
statutes relating to the proper and compacted accept the obligations of my position as	capacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
Re	egistered Agent's Signature
(An additional article n	nust be added if an effective date is requested)
11.2	Sp. 0-
Signature of a membe	r or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Sh	eila Dorvilier
Ту	ped or printed name of signee
\$ 25.00 Design \$ 30.00 Certifi	Filing Fees: Fee for Articles of Organization nation of Registered Agent led Copy (Optional) icate of Status (Optional)