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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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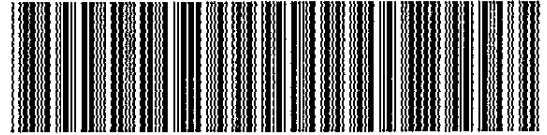
(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hair Offair of Tapan Springs, Fla

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- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name

Date

Time

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**ARTICLES OF ORGANIZATION OF HAIR AFFAIR  
OF TARPON SPRINGS, LLC**

The undersigned, being authorized to execute and file these **ARTICLES OF ORGANIZATION OF HAIR AFFAIR OF TARPON SPRINGS, LLC**, hereby certifies that:

**ARTICLE I – Name**

The name of the Limited Liability Company is: **HAIR AFFAIR OF TARPON SPRINGS, LLC**

**ARTICLE II – Address**

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

Street Address: 1960 U.S. Alternate 19 South, Tarpon Springs, FL. 34689

Mailing Address: 1960 U.S. Alternate 19 South, Tarpon Springs, FL. 34689

**ARTICLE III – Registered Agent,  
Registered Office, and Registered Agent's Signature**

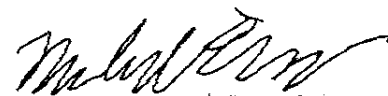
The name and the Florida street address of the initial registered agent are:

Name: Michael E. Rodriguez, Esquire

Street Address: 29 North Pinellas Avenue, Tarpon Springs, FL. 34689

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

*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 related 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 of the Florida Statutes.*



Michael E. Rodriguez, Esquire

#### ARTICLE IV – EFFECTIVE DATE

The effective date of these Articles will be the date on which these Articles are filed.

**IN WITNESS WHEREOF**, I have signed these articles of organization of HAIR AFFAIR OF TARPON SPRINGS, LLC as a member or as an authorized representative of a member. In accordance with Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

A handwritten signature in black ink, appearing to read 'Michael E. Rodriguez', is written over a horizontal line.

Michael E. Rodriguez, Esquire