U400025783

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified CopiesCertificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

EFF 3/24/04



900030866509

Mem

. - 137 m

03/24/04--01062--006 **125.00

04 K/R 24 PM [2:4

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Sterling Crowned Salons LTD Co. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
/ (Name of Person)		
(Firm/Company)		
520 N.E. 1715 Terrace		
(Address)		
NORTH MIAMI BCH, FL 33162 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
CINAY S. Solis at 186 262-7752		
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sterling Crowned SALONS	, LTO Co.
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	NORTH MIAMI BEACH
FLORIDA, 33162	FLORIDA, 3316Z
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Name Standard Standard	d agent are: - Socis CCE Tracceptable)
g been named as registered agent and to accept service of p	rocess for the above stated limited liability

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	520 N.E. 1715 Terrace No. MIAMI BCH, FL 33162
 .	
(Use attachment if necessary)	
NOTE: An additional article mo X- EFFECIVE DATE: 24 M	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	HERCING - Sols or an authorized representative of a member.
of this document constitut that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.) en (1) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
, тура	e or prince name or 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)