

L04000047089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

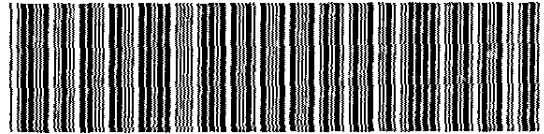
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200037656982

RECEIVED  
04 JUN 23 AM 11:30  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

BK

FILED  
04 JUN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

**FILED**  
04 JUN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

---

DATE: 06/23/04

NAME: PROFESSIONAL'S ONLY INTERNATIONAL SALON DISTRIBUTION, L.L.C.

TYPE OF FILING: ARTS OF ORG.

COST: \$125 + \$30 = \$155

RETURN: CERTIFIED COPY

---

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAUL HODGE



**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 JUN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Professional's Only International Salon Distribution, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

3333 S.W. 13th Avenue

Fort Lauderdale, Florida 33316

**Mailing Address:**

3333 S.W. 13th Avenue

Fort Lauderdale, Florida 33316

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

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

Calvin R. Stewart

Name

1304 N.E. 16th Avenue

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

Fort Lauderdale

FLORIDA 33304

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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Calvin R. Stewart

1304 N.E. 16th Avenue

Fort Lauderdale, Florida 33304

MGR

Shaukat Gulamani

2256 La Branch Street

Houston, Texas 77002

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

Calvin R. Stewart, Member & Manager

Typed or printed name of signer

**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)