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Which one?

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

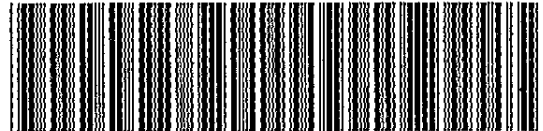
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4/28 FL LC

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W4-22685



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARP IMAGE HAIR SALON
(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:

GEORGIA TOLBERT
(Name of Person)

SHARP IMAGE HAIR SALON
(Firm/Company)

2790 N MILITARY TRAIL, SUITE #5
(Address)

WEST PALM BEACH, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGIA TOLBERT at (561) 616-4145
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 11, 2004

GEORGIA TOLBERT
SHARP IMAGE HAIR SALON
2790 N MILITARY TRAIL, SUITE #5
WEST PALM BEACH, FL 33409

SUBJECT: SHARP IMAGE SALON
Ref. Number: W04000022685

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

Please specify in Article I - NAME which name you want to file the LLC as, one copy has SHARP IMAGE SALON and the other copy has SHARP IMAGE HAIRSALON.,

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 204A00039676

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHARP IMAGE HAIR SALON, LLC

ARTICLE II - Address:

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

Principal Office Address:

SHARP IMAGE HAIR SALON, LLC

2790 N MILITARY TRAIL SUITE #5

WEST PALM BEACH, FL 33409

Mailing Address:

SHARP IMAGE HAIR SALON, LLC

2790 N MILITARY TRAIL SUITE #5

WEST PALM BEACH, FL 33409

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

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

EVERTON LINDNER

Name

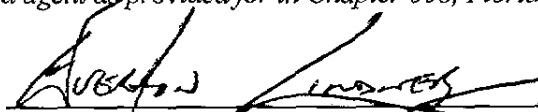
7345 THATCHER AVE

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

LANTANA, FL 33462 FLORIDA

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:

MANAGER

GEORGIA TOLBERT

2790 N MILITARY TRAIL SUITE #5

WEST PALM BEACH, FL 33409

ASST. MANAGER

COUNIELL TAYLOR

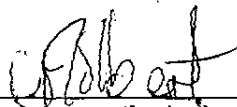
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WEST PALM BEACH, FL 33409

(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.)

GEORGIA TOLBERT

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)