

104 0000 53162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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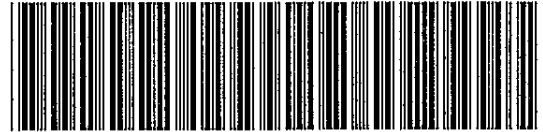
(Business Entity Name)

(Document Number)

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104-53162  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMBASSADOR SALON LLC  
(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:

KIMBERLY KODER WOLF  
(Name of Person)

AMBASSADOR SALON LLC  
(Firm/Company)

333 PILGRIM ROAD  
(Address)

WEST PALM BEACH, FL. 33405  
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY KODER WOLF at ( 561 ) 582-1592  
(Name of Person) (Area Code & Daytime Telephone Number)  
561-628-2460

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TALLAHASSEE, FLORIDA

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**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:

AMBASSADOR SALON LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2730 S. OCEAN BLVD  
PALM BEACH, FL.  
33480

**Mailing Address:**

2730 SOUTH OCEAN BLVD  
PALM BEACH, FL.  
33480

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

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

KIMBERLY KODER-WOLF  
Name

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

WEST PALM BEACH FLORIDA 33405  
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..*

Kimberly Koder-Wolf  
Registered Agent's Signature

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JUL 14 2011  
CLERK OF SUPERIOR COURT  
PALM BEACH, FLORIDA

**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

KIMBERLY KODER WOLF  
333 PILGRIM RD.  
W. P. BEACH FL. 33405

N/A

N/A

N/A

N/A

N/A

N/A

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Kimberly Koder-Wolf  
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.)

KIMBERLY KODER-WOLF  
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)

FILED  
CLERK OF CIRCUIT COURT  
JANUARY 11, 2011  
TALLAHASSEE, FLORIDA

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