

LO4 000072057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

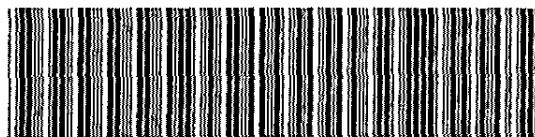
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700041061297

09/30/04--01018--022 \*\*160.00

04 SEP 04 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LO4-72057  
QR

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cut-N-Corners Barbershop, 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:

Lowell Crawford  
(Name of Person)

Cut-N-Corners Barbershop, LLC  
(Firm/Company)

17365 S.W. 31st.  
(Address)

Miramar, Fl. 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lowell Crawford at (786) 287-3512  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 30 PM 1:02

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cut - N - Corners Barbershop, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8901 Pembroke Rd.  
Pembroke Pines, Fl. 33025

**Mailing Address:**

17365 S.W. 31 CT.  
Miramar, Fl. 33029

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

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

Lowell Crawford  
Name  
17365 S.W. 31 CT.  
Florida street address (P.O. Box **NOT** acceptable)  
Miramar, FLORIDA 33029  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 30 PM 1:02

FILED

*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..*

Lowell Crawford  
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

Lowell Crawford

17365 S.W. 31 CT.

Miramar, FL 33029

MGR

Beverly Crawford

17365 S.W. 31 CT.

Miramar, FL 33029

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Lowell Crawford  
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.)

Lowell Crawford  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 30 PM 1:02

FILED