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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

KID STYLE HAIR SALON, LLC

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1/5/2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I Name:**

The name of the Limited Liability Company is:

KID STYLE HAIR SALON, LLC**ARTICLE II- Address:**

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

4025 W. WATERS AVE., #104, TAMPA, FL 33614**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ARIANE DAVENPORT

Name

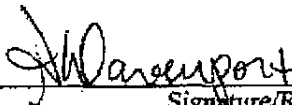
4025 W. WATERS AVE., #104

Florida Street Address

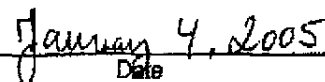
TAMPA, FL 33614

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, F. S.



Signature/Registered Agent



Date

Article IV Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an effective date is requested)



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.)

ARIANE DAVENPORT

Typed or printed name of signee