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| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|---|-------------------|
| SUBJECT: SUSAN MINAME OF Limited | ARIE 5ALO d Liability Company) | W LLC | • |
| The enclosed Articles of Organization and fee(s) are so | ubmitted for filing. | | |
| Please return all correspondence concerning this matte | r to the following: | | |
| SUSAN ADI | DEA Name of Person) | FALLAHA | 7 2005 FEB |
| | | SSEE, n | |
| Q | Firm/Company) | | |
| 238 Fo | RTUNA DR | <u></u> | 07 |
| PALM B | EACH GARD State and Zip Code) | ENS, FL | 33410 |
| For further information concerning this matter, please | call: | | |
| GLORIA MANDEN KAPLAN (Name of Person) | EA 561 799. (Area Code & Daytime Te | -7090 elephone Number) | |
| Enclosed is a check for the following amount: | | | |
| \$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Certificate of Statu Certified Copy (additional copy is encl | s & |

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: |
|--|
| SUSAN MARIE SALON LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| PALM BEACH GARDERS PALM BEACH GARDENS |
| FL 33410 FL 33410 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature |
| The name and the Florida street address of the registered agent are: |
| DUSAN MAKIK HODEATE E IT |
| 238 FORTUNA IX. 器 50 |
| Florida street address (P.O. Box NOT acceptable) PALM BCHGARD FOR FL 33410 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 Registered Agent's Signature |

(CONTINUED)

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 | SUSAN MARIE PODEA 738 FORTUNA DR PALM BURACH GREDENS FL 33410 |
| | |
| * | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | added if an effective date is requested. 🛱 👸 |
| REQUIRED SIGNATURE: | added if an effective date is requested. 2005 FEB 18 |
| Signature of a member of | |
| (In accordance with section of this document constitute that the facts stated herei | an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) |
| Sus#n N Typed | or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)