

LOS 000024160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

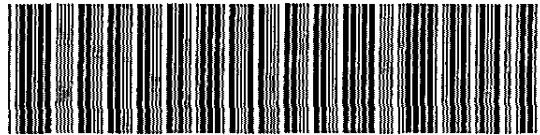
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[Signature]

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: HAIR MAGIC 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:

MELISSA A POREMBA
(Name of Person)

HAIR MAGIC LLC
(Firm/Company)

135 N JOHN SIMMS PKWY
(Address)

VALPARAISO, FL 32580
(City/State and Zip Code)

For further information concerning this matter, please call:

MELESSA A POREMBA at (850) 678-4746
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAIR MAGIC LLC**ARTICLE II - Address:**

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

Principal Office Address:HAIR MAGIC LLC135 N JOHN SIMMS PKWYVALPARAISO, FL 32580**Mailing Address:**HAIR MAGIC LLC135 N JOHN SIMMS PKWYVALPARAISO, FL 32580**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WENDEL S JONES

Name

322 23RD STFlorida street address (P.O. Box NOT acceptable)NICEVILLEFLORIDA 32578

City, State, and Zip

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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

HAIR MAGIC LLC

47-0950960

ARTICLE IV- Manager(s) or Managing Member(s):

ATX1

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MELISSA A POREMBA

96 AURORA ST

VALPARAISO, FL 32580

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Melissa A. Poremba

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.)

Melissa A. Poremba

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)

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