

# L05000027390

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASHLEE'S HAIR STUDIO 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:

ASHLEE JO LUNDY  
(Name of Person)

ASHLEE'S HAIR STUDIO LLC  
(Firm/Company)

720 HONEYCOMB LANE  
(Address)

AUBURNDALE, FL 33823  
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEE LUNDY at ( 863 ) 412-8716  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the limited liability company shall be  
ASHLEE'S HAIR STUDIO LLC

**ARTICLE II  
PRINCIPAL PLACE OF BUSINESS AND ADDRESS**

The mailing address and principal place of business of the Company in Florida  
shall be 720 Honeycomb Lane, Auburndale, FL 33823.

**ARTICLE III  
PERIOD OF DURATION**

The Company shall commence its existence on the date these articles of  
Organization are filed by the Florida Department of State. The period of duration shall be  
perpetual.

**ARTICLE IV  
PURPOSES**

The general purpose for which the Company is organized is to perform the  
services of cosmetology and to transact any lawful business for which a limited liability  
company may be organized under the laws of the State of Florida. The Company shall  
have all the powers granted to a limited liability company under the laws of the State of  
Florida.

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**ARTICLE V**  
**MANAGER(S) or MANAGING MEMBERS**  
**PERCENTAGE INTERESTS**

	Name and Address:	Percentage Interest:
MGR	Ashlee Jo Lundy 720 Honeycomb Lane Auburndale, FL 33823	100%

**ARTICLE V111**  
**REGISTERED AGENT/REGISTERED OFFICE**

Ashlee Jo Lundy  
  
720 Honeycomb Lane  
  
Auburndale, FL 33823

*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..*

Dated this 14<sup>th</sup> day of March, 2005.

  
Registered Agent's Signature

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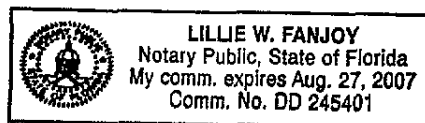
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization at Lakeland, Florida, for the foregoing uses and purposes this 14<sup>th</sup> day of March, 2005.

Ashlee Jo Lundy  
Ashlee Jo Lundy

The foregoing instrument was acknowledged before me on this 14<sup>th</sup> day of March, 2005 by Ashlee Jo Lundy who has produced her driver's license as identification and who did not take an oath.

(Seal)



Lillie W. Fanjoy  
Notary Public

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