

LOS000034464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

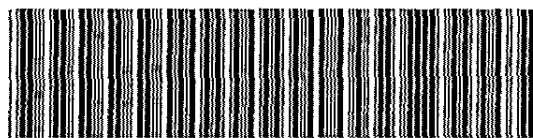
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUTTIN-UP BARBER & STYLE 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:

LISA ROCKEFELLER
(Name of Person)

CUTTIN-UP BARBER & STYLE LLC
(Firm/Company)

522 BERKLEY ROAD
(Address)

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

or further information concerning this matter, please call:

LISA ROCKEFELLER at (863) 965-1850
(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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLITTIN-UP BARBER & STYLE 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:

522 BERKLEY ROAD
AUBURNOALE, FL 33823

522 BERKLEY ROAD
AUBURNOALE, FL 33823

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

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

LISA ROCKEFELLER

Name

1102 EAGLE POND DRIVE

Florida street address (P.O. Box NOT acceptable)

WINTER HAVEN FLORIDA 33884

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, Florida Statutes..

Lisa Rockefeller

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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

LISA ROCKEFELLER
1102 EAGLE POND DRIVE
WINTER HAVEN, FL 33884

"MGR"

TAMMY ROBERTS
5707 MAGLISTRUM LANE
POLK CITY, FL 33868

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lisa Rockefeller
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.)

LISA ROCKEFELLER
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)