L0500056584

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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05/31/05--01056--020 **125.00

OS MAY 31 PM 3: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
MRK Hair Design, LLC	· · · · · · · · · · · · · · · · · · ·				
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3900 1st Street N #201	3900 1st Street N #201				
St. Petersburg, FL 33703	St. Petersburg, FL 33703				

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

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

Michael R. Keeney	=100	_	
Name	PEC	05°	
3900 1st Street N #201		MAY	71
Florida street address (P.O. Box NOT acceptable)	SSE	3	F
St. Petersburg, FL 33703	<u> </u>	0	
City, State, and Zip	100	డ్లు	
	<i>⊸</i> 53,		

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:

The name and address of each Manage	or managing member is as tollows.	•
Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Michael Ray Keeney, Inc.	
	154 45th Avenue NE	
	St. Petersburg, FL 33703	
MGRM	Sarah Weeks	
	4340 13th Lane NE	*
	St. Petersburg, FL 33703	
		
		
		THE STATE OF
		,
(Use attachment if necessary)		
`		
NOTE: An additional article must be	be added if an effective date is requested	i.
REQUIRED SIGNATURE:		
	Δ .	
Mary A	(2)	
Signature of a member	or an authorized representative of a member.	
_	·	
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury terein are true.)	-
	Sarah Weeks	TS O
Typ	ed 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)

SECRETARIO DE SEGRETARIO