

2005 JUL 25 P 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Business Entity Name)

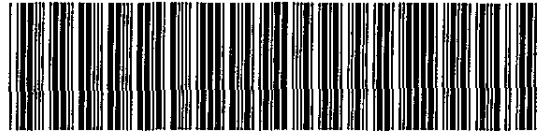
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: BELLA DEMORE HAIR DESIGN, L.L.C.
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVONNE E. ALLEN
(Name of Person)

BELLA DEMORE HAIR DESIGN, L.L.C.
(Firm/Company)

25138 QUAKER BRIDGE AVENUE
(Address)

SORRENTO, FL 32776
(City/State and Zip Code)

For further information concerning this matter, please call:

YVONNE E. ALLEN at (352) 383-8270
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLA DEMORE HAIR DESIGN, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1616 S. BAY STREET
EUSTIS, FL 32726

25138 QUAKERBRIDGE AVENUE
SORRENTO, FL 32776

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

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

YVONNE E. ALLEN
Name

25138 QUAKERBRIDGE AVENUE
Florida street address (P.O. Box **NOT** acceptable)

SORRENTO, FL 32776
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..

Yvonne E. Allen
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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

YVONNE E. ALLEN
25138 QUAKERBRIDGE AVENUE
SORRENTO, FL 32076

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Yvonne E. Allen

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.)

YVONNE E. ALLEN

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)