Q5000079168

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Decree of New York		
(Document Number)		
Certified Copies Certificates of Status		
Certified Copies		
Special Instructions to Filing Officer:		
89 FLC		
[]		

Office Use Only



800058328058

08/09/05--01060--002 **160.00

M. HODGES

5 P -9 PH 1:22

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tangles Salon UC (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:			
Stephen T. Flandrean (Name of Person)			
(Firm/Company)	_		
125 Watun trail (Address)			
Palm Coast FL 32/64 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Stephent Handreau at (386) 569 6500 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee Certified Copy (additional copy is enclosed)	&		
STREET ADDRESS: MAILING ADDRESS:			

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	3:	
TANGLES	SAlon LCC	
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
10 Cypress Point PKW/ PAIM COAST EL 32164 UNIT 103	125 Watver TRAIL DAIM COAST FL 33	V64
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's S	lignature:
The name and the Florida street address of the	registered agent are: Stanton	
3600 South Ocpa Florida street a	nShore Blud, Unit 914 ddress (P.O. Box NOT acceptable)	Flegler Brach Fr
Flagler Boach City, State	FL 32136 , and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	n this certificate, I hereby accept the ity. I further agree to comply with the performance of my duties, and I am j	appointment as he provisions of all familiar with and
Registered Agen	t's Signature	05 /

(CONTINUED)

Page 1 of 2

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	
MANAGER - MGR"	StipHEN THOMAS FLANDICAL 125 WA FORN TRAIL LAIM COAST PL 32164

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

Stephen Thomas Handreau
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)