

L05000008/665

2005 AUG 17 P 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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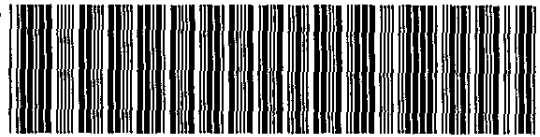
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____



300052592023

05/02/05--01032--014 **160.00

Special Instructions to Filing Officer:

W05-22929
M

Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section
 Division of Corporations

2005 AUG 17 P 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Hair Restoration Development Group, LLC

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Fernando Iglesias
780 Deltona Boulevard
Suite 108
Deltona, Florida 32725
386.860.1140
386.860.1631

Enclosed is a check for \$160.00 as a Filing Fee, Certificate of Status & Certified Copy.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

2005 AUG 17 P 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 5, 2005

FERNANDO IGLESIAS
780 DELTONA BLVD.
SUITE 108
DELTONA, FL 32725

SUBJECT: HAIR RESTORATION DEVELOPMENT GROUP, LLC
Ref. Number: W05000022929

We have received your document for HAIR RESTORATION DEVELOPMENT GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 705A00032335

TRANSMITTAL LETTER

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To: Registration Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: — Hair Restoration Development Group, LLC

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Fernando Iglesias
780 Deltona Boulevard
Suite 108
Deltona, Florida 32725
386.860.1140
386.860.1631 (fax)
f.iglesias@excite.com

A check for \$160.00 as a Filing Fee, Certificate of Status & Certified Copy has previously been submitted.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I: Name:

2005 AUG 17 P 2:08

HAIR RESTORATION DEVELOPMENT GROUP, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II: Address:

Principal Office Address:

Mailing Address:

313 Dirksen Drive
Suite E4
DeBary, Florida 32713

313 Dirksen Drive
Suite E4
DeBary, Florida 32713

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

Name: **Ron Kirk**
Address: 313 Dirksen Drive
Suite E4
DeBary, Florida 32713

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.



Ron Kirk, Registered Agent

ARTICLE IV: Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

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Ron Kirk, Managing Member

313 Dirksen Drive
Suite E4
DeBary, Florida 32713

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 contained herein are true.)