

LD5000120314

Gerald DeFlorio

(Requestor's Name)

8472 Ibis Cove Circle

(Address)

Naples, Fl. 34119

(Address)

(City/State/Zip/Phone #)

☐

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FILED  
05 DEC 15 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**  
12/21/05

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KRISTIANNA'S SALON, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

**Principal Office Address:**

1000 IMMOKALEE ROAD, SUITE # 62  
NAPLES, FL 34110

**Mailing Address:**

1000 IMMOKALEE ROAD, SUITE # 62  
NAPLES, FL 34110

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GERALD DEFLORIO

Name

8472 IBIS COVE CIRCLE

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

NAPLES, FL 34119

City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

"MGRM" = Managing Member

**Name and Address:**

MGR

DONNA R. DEFLORIO

8472 IBIS COVE CIRCLE

NAPLES, FL 34119

MGRM

GERALD J. DEFLORIO

8472 IBIS COVE CIRCLE

NAPLES, FL 34119

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 21, 2005. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Donna R. DeFlazio  
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.)

DONNA R. DEFLORIO

Typed or printed name of signee

FILED  
05 DEC 15 AM 10:19  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

**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)**