# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000020697 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (305)672-0586

Fax Number

: (305)672-9110

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

MyCan Hair, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

January 25, 2006

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL, INC.

SUBJECT: MYCAN HAIR, LLC

REF: W06000003668

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only one person/entity may serve as registered agent for an LLC. Please designate one person/entity and remove the other from the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist FAX Aud. #: H06080020697 Letter Number: 506A00005329

**06 JAN 25 PA 12: 2**0 JANS10H OF CONTORATION

#### ARTICLES OF ORGANIZATION



#### Article I. Name

The name of this Florida limited liability company is: MyCan Hair, LLC

#### Article II. Address

The Company's street and mailing address is:

MyCan Hair, LLC 371 NW Lake Valley Terrace Lake City, Florida 32055 United States of America

#### Article III. Registered Agent

The name and street address of the Company's registered agents are:

William Robert Johnson MyCan Hair, LLC 371 NW Lake Valley Terrace Lake City, Florida 32055 United States of America

#### Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

## Article V. Distribution of Profits

Unless otherwise provided in the Company's Operating Agreement, there shall not be any distribution of profits unless each separate distribution is approved by the affirmative vote of members who own more than 50% of the voting interest in the Company. The voting members shall have complete discretion on when and if to approve any distribution of profits.

SECRUIZA VI STATE

API YOU OUT

## Article VI. Management

This will be a member-managed company. The name and address of each member is:

W. Robert Johnson MyCan Hair, LLC 371 NW Lake Valley Terrace Lake City, Florida 32055 United States of America

Kimberly Ward Johnson MyCan Hair, LLC 371 NW Lake Valley Terrace Lake City, Florida 32055 United States of America

## Article VII. Company Existence

The Company's existence shall begin effective as of 01/27/06.

The undersigned members executed these Articles of Organization on 01/24/06.

STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY:

MyCan Hair, LLC

### REGISTERED AGENT/OFFICE:

William Robert Johnson MyCan Hair, LLC 371 NW Lake Valley Terrace Lake City, Florida 32055 United States of America

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

William Robert Johnson

Date: 01/24/08

SECHEROUS SIATE

APPACATE TO