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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RONALD CUTLER
Account Number : I20000000005
Phone : (904) 788-4480
Fax Number : (386) 788-6040

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bella Beauty Supplies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: Bella Beauty Supplies, LLC

ARTICLE II - Address:

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

Principal Office Address:

18 Fallen Oak Lane
Palm Coast, FL 32137

Mailing Address:

Same as principal address

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

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

Ronald Cutler

Name

1172 Pelican Bay Drive

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

Daytona Beach, Florida 32119

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..

Ronald Cutler

Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

Name and Address:

Ana P. DeCarvalho
38 Fallen Oak Lane
Palm Coast, Florida 32137

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ARTICLE IV - CONTINUED

"MGRM"

Paula Graci
26 Coplidge Court
Palm Coast, Florida 32137

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TALLAHASSEE, FLORIDA

Paula Graci

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.)

Paula Graci

Typed or printed name of signer

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