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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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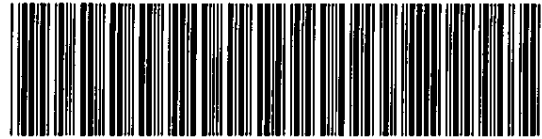
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/27/06  
[Signature]

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salon New Variation, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rory B. Weiner, Esq.

(Name of Person)

Rory B. Weiner, P.A.

(Firm/Company)

669A West Lumsden Rd.

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Lennon Cantrell, Paralegal

(Name of Person)

at ( 813 ) 681-3300

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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June 08, 2006  
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**Article I**

The name of the Limited Liability Company is:  
SALON NEW VARIATION, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5817 LEGACY CRESCENT PLACE  
#302  
RIVERVIEW, FL. US 33569

The mailing address of the Limited Liability Company is:  
5817 LEGACY CRESCENT PLACE  
#302  
RIVERVIEW, FL. US 33569

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
RORY B. WEINER, P.A.  
669A W. LUMSDEN RD.  
BRANDON, FL. 33511

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.

Registered Agent Signature: RORY B. WEINER, ESQUIRE

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### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
KEANDRA M WARD  
5817 LEGACY CRESCENT PLACE, #302  
RIVERVIEW, FL. 33569 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/08/2006

Signature of member or an authorized representative of a member

Signature: KEANDRA M. WARD

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