

## Florida Department of State

Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**L07000006915**

**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.**

(((H07000015954 3)))



H070000159543ABC+

**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 : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 JAN 18 AM 10:23

FILED

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Dirty Blonde's Salon, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Dirty Blonde's Salon, LLC**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:801 W. Granada Boulevard, Suite 306801 W. Granada Boulevard, Suite 306Ormond Beach, FL 32174Ormond Beach, FL 32174

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

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

Alan SimpkinsName801 W. Granada Boulevard, Suite 306(P.O. Box or Mail Drop Box NOT Acceptable)Ormond Beach, FL 32174(City / State / Zip)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

07 JAN 18 AM 10:23

FILED

*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.*

*Alan Simpkins*  
Registered Agent's Signature - Alan Simpkins

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

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

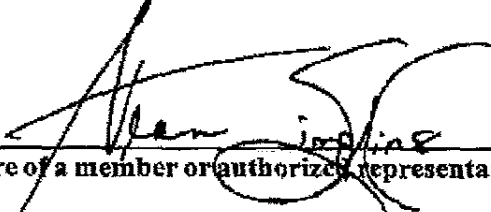
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMA & R Phoenix LLC - 801 W. Granada Boulevard, Suite 306  
Ormond Beach, FL 32174MGRMAlisa Marie LLC - 801 W. Granada Boulevard, Suite 306,  
Ormond Beach, FL 32174

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or 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.)

Alan Simpkins, Member - A & R Phoenix LLC

Typed or printed name of signee

**FILED**  
07 JAN 18 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA