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COVER LETTER

то:	Registration So Division of Co			
SUBJE	ст:	OLLY'S BEBUT (Name of Limite	TY SBLON d Liability Company)	
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	to the following:	
		JOLLY	Name of Person)	
		JOLLY'S B!	EAUTY SALON Firm/Company)	
	1	526 C EAST		E
·			(Address)	
•	·	TRMPA (City	FL 33612 /State and Zip Code)	
For fur	her information	concerning this matter, please	call:	
	JOLL\	WINSON of Person)	at (<u>\$13</u>) <u>313-</u> (Area Code & Daytime To	6004 clephone Number)
Enclos	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2007

JOLLY WINSON 1526 C EAST FOWLER AVENUE TAMPA, FL 33612

SUBJECT: JOLLY'S BEAUTY SALON

Ref. Number: W07000005087

We have received your document for JOLLY'S BEAUTY SALON and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in 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) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 507A00007294



February 9, 2007

JOLLY WINSON 1526 C EAST FOWLER AVENUE TAMPA, FL 33612

SUBJECT: JOLLY'S BEAUTY SALON

Ref. Number: W07000005087

We have received your document for JOLLY'S BEAUTY SALON and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in 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) 245-6967.

Letter Number: 507A00010045

Leslie Sellers Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1-13

ARTICLE I - Name: The name of the Limited Liability Company is: Effective Date 129107
TOLLYS BEAUTY SALOW 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: Mailing Address:
TAMPA FL 33612 TOLLY WINSON TRANSPA FL 33612 206 KIND'S CT. APT. 106 BRANON : FL 33610
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:
TOLLY WINSON Name
206 KING'S CT. BPT. 106 Florida street address (P.O. Box NOT acceptable)
BRANDON FL 33510 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

Sollywinson Registered Agent's Riginture (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
manger	TOLLY WINSON 1326 C FAST FOWLER AVE TAMPA FL 33612
- · - · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	e of filing: 1 26 2007 (OPTIONAL)

ARTIC (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:

Solly Wing	on authorized representative of a member.
Signature of a member or a	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.)

TOLLY WINSON
Typed or printed name of signee

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)

rage 2 of 2