

LD1000039344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

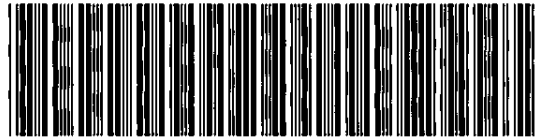
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LS

Office Use Only



600092233596

04/12/07--01013--020 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED
2007 APR 12 AM 11:42
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art In Hair Studio, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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

ARTICLE I: Name:

The name of the limited liability company is **Art In Hair Studio, LLC.**

ARTICLE II: Address:

The mailing address and street address of the principal office of the limited liability company is:

1634 SE 47th Street, Unit 6
Cape Coral, FL 33904

ARTICLE III: Registered Agent:

The name and Florida street address of the limited liability company registered agent is:

Name: Patricia G. Ryall
Address: 1634 SE 47th Street, Unit 6
Cape Coral, FL 33904

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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 in Chapter 608, F.S.


Patricia G. Ryall, Registered Agent

ARTICLE IV: Management:

The Limited Liability Company is to be managed by one manager or more and is therefore, a manager-managed company.


Patricia G. Ryall, Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2007 APR 12 PM 2:39

FILED