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CAPITAL CONNECTION, INC.

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

Solon Business Partners, LLC

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____ Art of Inc. File _____
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Time *1:30*

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**ARTICLES OF ORGANIZATION
FOR**

Salon Business Partners, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Salon Business Partners, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **12609 Second Isle, Hudson, Florida 34667**

ARTICLE III: MANAGEMENT

The company will a manager managed Limited Liability Company.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

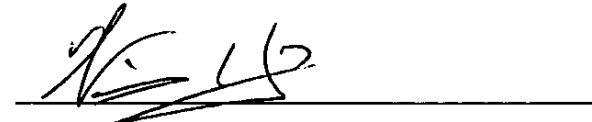
The name and address of the initial registered agent is **Tara M. O'Connor, O'Connor Law Group,
P.A., 9743 US Highway 19, Port Richey, FL 34668**

ARTICLE V: MANAGING MEMBERS & MEMBERS

The name and address of the initial Managing Members and Members of the company are:
Dennis P. O'Connor, Managing Member, 12609 Second Isle, Hudson, Florida 34667
Carolyn M. O'Connor, Member, 12609 Second Isle, Hudson, Florida 34667

The undersigned has executed these Articles of Organization this 29th day of August 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: SALON BUSINESS PARTNERS, LLC

2. The name and address of the registered agent and office is: TARA M. O'CONNOR, ESQUIRE
O'CONNOR LAW GROUP, P.A.
9743 US HIGHWAY 19
PORT RICHEY, FL 34668

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

