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TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: PRECISION HAIR LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

PRECISION HAIR LLC

C/O VALERIE D CHARROUX

617 TORTOISE WAY

SATELITE BEACH, FL 32937

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

VALERIE D CHARROUX (321-537-4444)

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

() \$125.00 FILING FEE (X) \$130.00 FILING FEE & () \$155.00 FILING FEE & () \$160.00 FILING FEE CERTIFICATE OF STATUS CERTIFIED COPY* CERTIFIED COPY*

*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

MAILING ADDRESS:

REGISTRATION SECTION DIVISION OF CORPORATIONS 409 E. GAINES STREET TALLAHASSEE, FL 32399 REGISTRATION SECTION DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

PRECISION HAIR 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

617 TORTOISE WAY SATELITE BEACH, FL 32937 SAME

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

VALERIE D CHARROUX

617 TORTOISE WAY

SATELITE BEACH FL 32937

OT SEP 10 PH 12: 18

SECRETAGE STATE
TALLAHASSEE, FLORIDA

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.

REGISTERED AGENTS SIGNATURE

PAGE 1 OF 2

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR" = MANAGER

"MGRM= MANAGING MEMBER

MGR

VALERIE D CHARROUX 617 TORTOISE WAY SATELITE BEACH FL 32937

MGRM

07 SEP 10 PH 12: 18
SECRETANT OF STATE
TALLAHASSEE, FIORIGA

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE:

SIGNATURE OF A MEMBER OR AN 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.)

VALERIE D CHARROUX 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)