

6700012/389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

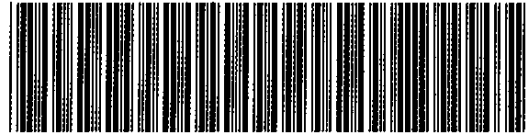
Special Instructions to Filing Officer:

789 (0086 67)

Office Use Only

\$125.00

607-46880



900109599809

09/19/07--01023--017 **150.00

FILED

07 DEC -6 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDRA'S HAIR & NAILS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

SANDRA JOHNSON
(Contact Person)

SANDRA'S HAIR & NAILS, LLC
(Firm/Company)

5460 N STATE RD 7 # 105
(Address)

FORT LAUDERDALE, FL 33319
(City, State and Zip Code)

For further information concerning this matter, please call:

SANDRA JOHNSON at (754) 234 2100
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC -6 PM 2:51

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2007

SANDRA JOHNSON
5460 N STATE RD 7 #105
FORT LAUDERDALE, FL 33319

SUBJECT: SANDRA'S HAIR & NAILS, LLC
Ref. Number: W07000046650

We have received your document for SANDRA'S HAIR & NAILS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 207A00055459

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC -6 PM 2:51

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANDRA'S HAIR & NAILS, LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5460 N STATE RD 7 #105
FORT LAUDERDALE, FL
33319

Mailing Address:

5460 N. STATE RD 7 #105
FORT LAUDERDALE, FL
33319

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:

SANDRA JOHANSON
Name
5460 N STATE RD 7 #105
Florida street address (P.O. Box **NOT** acceptable)
FORT LAUDERDALE FL 33319
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC -6 PM 2:51

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

SANDRA JOHNSON
5460 N STATE RD 7 #105
FORT LAUDERDALE, FL 33319

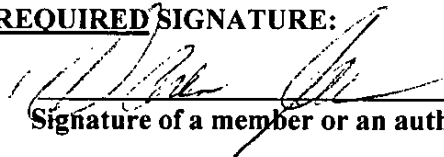
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 business days prior to or 90 days after the date of filing.)

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.)

SANDRA JOHNSON

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)

FILED
07 DEC -6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA