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(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
W070005	1537	7

Office Use Only

EFFECTIVE DATE 12-3107



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12/27/07--01011--013 **125.00

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O7 DEC 27 AM | 1: 11

SECRETARY: OF STATE TALLAHASSEE, FLORID.

D. BRUCE

DEC 27 2007

EXAMINER

COVER LETTER

то:	Registration Section Division of Corpor			•	e.		
, CUD II	Glamorous	Salon	•				
SUBJE	CI:	(Name of Limite	ed Liability Comp	any)			
The en	closed Articles of Org	ganization and fee(s) are s	submitted for filin	g.			
Please	return all corresponde	ence concerning this matt	er to the following	g:			
(Caitlin Rice						
		((Name of Person)				
	Glamorous Salo	n					
,			(Firm/Company)				
	13204 Pacemak	er Drive			SE(TALL	07	
•			(Address)		AH	DEC 27	COLUMN TO SERVICE SERV
,	Jacksonville, FL	32225			ARY VSSE	27	[] ²⁸⁰⁰³
•		(City	//State and Zip Cod	e)	70°	AH II:	1
For fur	ther information conc	erning this matter, please	call:		STATE ORIDA	• •	
Greg	Rice		904	294-4093			
	(Name of Po	erson)		le & Daytime Tele	phone Number)		
Enclos	ed is a check for the	e following amount:					
\$125 .		130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &	
	Re D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Cisee, FL 32301	ircle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2007

CAITLIN RICE 13204 PACEMAKER DRIVE JACKSONVILLE, FL 32225

SUBJECT: GLAMOROUS SALON, LLC

Ref. Number: W07000057527

O7 DEC 27 AM II: III
SECRETARY OF STATE
TALLAHASSEF, FI ORINA

We have received your document for GLAMOROUS SALON, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$125.00.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 807A00067108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Glamorous Salon, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13204 Pacemaker Drive Jacksonville, FL 32225	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Caitlin Rice	OF STATI
Name	HIII: II
13204 Pacemaker Drive	IDA
Florida street addı Jacksonville, FL 32225	ress (P.O. Box <u>NOT</u> acceptable)
City, State, ar	nd 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..

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 123107

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

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

<u>//GRM</u>	Gregory Rice 13204 Pacemaker Drive Jacksonville, FL 32225
MGR	Caitlin Shea Rice 13204 Pacemaken Dr. Jacksonville, Fl 32225
	;
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a priember 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.)

Gragory J Rice

Caitlin S. Rice

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)