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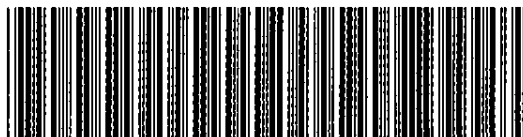
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MAR 20 2008  
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J. BRYAN

MAR 21 2008

EXAMINER

**DONALD W. YETTER, P.A.**  
ATTORNEY AND COUNSELLOR AT LAW  
1111 NINTH AVENUE WEST  
SUITE B  
BRADENTON, FLORIDA 34205

TELEPHONE (941) 749-1402  
FAX (941) 748-0657

MAILING ADDRESS:  
POST OFFICE BOX 9835  
BRADENTON, FLORIDA 34206

March 18, 2008

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Florida Hair Institute, LLC Articles of Organization

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization for Florida Hair Institute, LLC and my client's check number 2814 in the amount of \$125.00 to cover the filing cost thereof.

Please file the original and return a copy to me along with the Certificate of Organization.

Respectfully,



DONALD W. YETTER, P.A.  
DWY/jlm

Enclosures

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08 MAR 20 PM 3:45

**THIS INSTRUMENT PREPARED BY:**

**DONALD W. YETTER, Esquire**  
1111 - Ninth Avenue West, Suite B  
Post Office Box 9335  
Bradenton, Florida 34206  
(941) 749-1402

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**ARTICLES OF ORGANIZATION**

**OF**

**FLORIDA HAIR INSTITUTE, LLC**

**ARTICLE I - NAME**

**THE NAME OF THIS** Limited Liability Company shall be **FLORIDA HAIR INSTITUTE, LLC.**

**ARTICLE II - ADDRESS**

**THE MAILING ADDRESS** and street address of the principal office of the Limited Liability Company shall be 1811 Bayshore Gardens Parkway, Bradenton, Florida 34207.

**ARTICLE III - DURATION**

**THE PERIOD OF DURATION** for this Limited Liability Company shall be until (i) the death, retirement, resignation and/or dissolution of a member of the Limited Liability Company; (ii) the occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company; (iii) the Limited Liability Company is dissolved in a manner provided by law; or (iv) as further provided in the regulations of the Limited Liability Company as adopted by the members. The members of the Limited Liability Company shall have a right to continue the business of the Limited Liability Company on the unanimous consent of the remaining members.

**ARTICLE IV - MANAGEMENT**

**THIS LIMITED LIABILITY COMPANY** is to be managed by "Managers" and the name and address of the person or entity who is to serve as such Manager is:

**MICHAEL BARGE**  
1811 Bayshore Garden Parkway  
Bradenton, Florida 34207

**ARTICLE V - MEMBERSHIP RESTRICTIONS**

**MEMBERS OF THE LIMITED** Liability Company shall have a right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of such members admission to this Limited Liability Company.

**A MEMBER'S INTEREST** in this Limited Liability Company may not be sold or otherwise transferred except with the unanimous written consent of all of the members of the Limited Liability Company.

**ON THE DEATH, RETIREMENT,** resignation or dissolution of a member of this Limited Liability Company, or the occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company, the remaining members of the Limited Liability Company shall have the right to continue the business on unanimous consent of the remaining members.

**ARTICLE VI**

**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

**THE STREET ADDRESS** of the initial Registered Office of this Limited Liability Company is 1811 Bayshore Gardens Parkway, Bradenton, Manatee County, Florida 34207. The name of the Limited Liability Company's initial Registered Agent at that address is **MICHAEL BARGE**.

**THE UNDERSIGNED BEING** an original member of this Limited Liability Company certifies that this instrument constitutes the proposed Articles Of Organization of **FLORIDA HAIR INSTITUTE, LLC**.

**EXECUTED BY THE** undersigned in Bradenton, Manatee County, Florida, on March

18, 2008.

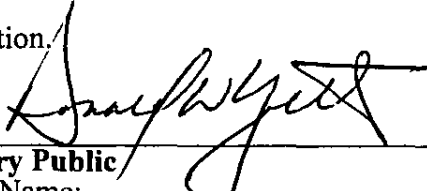
  
**MICHAEL BARGE**

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STATE OF FLORIDA  
COUNTY OF MANATEE

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SECRETARY OF CORPORATIONS  
08 MAR 20 PM 3:46

THE FOREGOING instrument was acknowledged before me on this 18<sup>th</sup> day of March, 2008, by **MICHAEL BARGE**, who is personally known to me or who produced a valid Drivers License issued by the State of Florida as identification.

  
\_\_\_\_\_  
Notary Public  
Print Name:  
My Commission Expires:  
My Commission Number:

**ACCEPTANCE OF REGISTERED AGENT**

PURSUANT to Section 608.407(2), Florida Statutes, the following is submitted in compliance with said statute: That **FLORIDA HAIR INSTITUTE, LLC**, desiring to organize under the laws of the State of Florida with its principal office as indicated in the foregoing Articles Of Organization, in the County of Manatee, State of Florida, has named **MICHAEL BARGE**, whose address is 15043 Skip Jack Loop, Bradenton, Florida 34202, as its agent to accept service of process within the State of Florida.

**ACKNOWLEDGMENT**

HAVING been named to accept service of process for **FLORIDA HAIR INSTITUTE, LLC**, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said statute, relative to keeping open said office.

DATED: March 18, 2008.

REGISTERED AGENT:

  
\_\_\_\_\_  
MICHAEL BARGE