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(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 25 AM 10:01

T. HAMPTON  
APR 28 2008  
EXAMINER

108-9565

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **FRANCESCA'S HAIRCUTTERS LLC**

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**FRANCESCA. Runion**

(Name of Person)

(Firm/Company)

**8685 102ND AVE**

(Address)

**VERO BEACH, FL. 32967**

(City/State and Zip Code)

For further information concerning this matter, please call:

**FRANCESCA. Runion** at ( **772** ) **589-3959**

(Name of Person)

(Area Code & Daytime Telephone Number)

alt number 732-496-9845

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2008

FRANCESCA RUNION  
8685 102ND AVE  
VERO BEACH, FL 32967

SUBJECT: FRANCESCA'S HAIRCUTTERS LLC  
Ref. Number: W08000019565

RECEIVED  
08 APR 25 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FRANCESCA'S HAIRCUTTERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 008A00023036

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**FRANCESCA'S HAIRCUTTERS "LLC"**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

971 SEBASTIAN BLVD. UNIT 7,  
SEBASTIAN, FL. 32958

#### Mailing Address:

8685 102ND AVE  
VERO BEACH, FL. 32967

### 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:

**FRANCESCA RUDION**  
Name

**8685 102ND AVE**

Florida street address (P.O. Box **NOT** acceptable)

**VERO BEACH, FL. 32967**

City, State, and 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)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 25 AM 10:01

**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

FRANCESCA PAPA

8685 102ND AVE

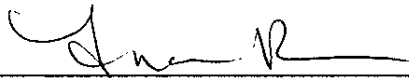
VERO BEACH, FL. 32967

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

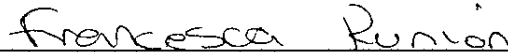
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)



Typed or printed name of signer

**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)