

LO8000057814



Ms. Sandra Tryszyn  
1087 Longfellow Cir  
Sarasota FL 34243

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

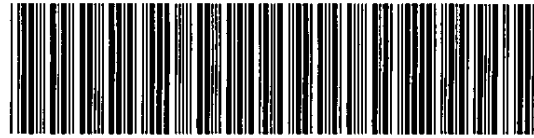
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 12 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2008

SANDRA TRYSZYN  
1087 LONGFELLOW CIR  
SARASOTA, FL 34243

SUBJECT: SANDRA D'S HAIR DESIGNS LLC  
Ref. Number: W08000027068

We have received your document for SANDRA D'S HAIR DESIGNS 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:

The second page was missing from your document,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 108A00034516

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sandra D's Hair Designs-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:**

8764 State Rd 70  
Ranch Lake Plaza  
Unit 202  
Bradenton FL 34203

**Mailing Address:**

1087 Longfellow Cir  
Sarasota FL 34243

**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 L. Truszyn  
Name  
1087 Longfellow Circle  
Florida street address (P.O. Box **NOT** acceptable)  
Sarasota FL 34243  
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.*

Sandra L. Truszyn  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

MGR

**Name and Address:**

Sandra L Truszyn  
1087 Longellow Circle  
SARASOTA FL 34243

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

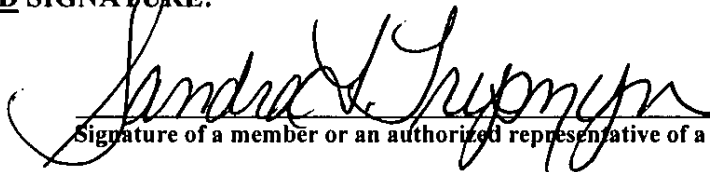
\_\_\_\_\_

(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.)

Sandra L. Truszyn  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)