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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

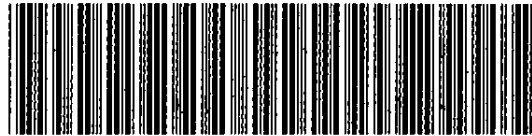
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 29 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mantra Haircare of Florida, 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:

M. Marie Wilson  
(Name of Person)

Law Offices of Marie Coleman Wilson, P.A.  
(Firm/Company)

2383 S. Tanager Trail, Suite A  
(Address)

Venice, FL 34293  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. Marie Wilson at (941) 493-0533  
(Name of Person) (Area Code & Daytime Telephone Number)

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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

**ARTICLES OF ORGANIZATION  
OF  
MANTRA HAIRCARE OF FLORIDA, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Mantra Haircare of Florida, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

12900 Lake Avenue, Ste. 1526  
Lakewood, OH 44107

Mailing Address:

PO Box 2883  
Sarasota, Florida 34230-2883

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

M. Marie Wilson, Attorney  
2383 Tamiami Trail South, Suite A  
Venice, Florida 34293

*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..*

  
\_\_\_\_\_  
M. Marie Wilson, Attorney

**ARTICLE IV - MANAGERS OR MANAGING MEMBERS**

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

KOREY J. KLEISCH  
12900 LAKE AVE., STE. 1526  
LAKEWOOD, OHIO 44107

**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.)

KOREY J. KLEISCH

Typed or printed name of signee

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