

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000088646  
FILED 8:00 AM  
September 17, 2008  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:  
ORLANDO HAIR REPLACEMENT LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
220 N WESTMONTE DRIVE  
SUITE D  
ALTAMONTE SPRINGS, FL. 32714

The mailing address of the Limited Liability Company is:  
220 N WESTMONTE DRIVE  
SUITE D  
ALTAMONTE SPRINGS, FL. 32714

**Article III**

The purpose for which this Limited Liability Company is organized is:  
SURGICAL HAIR REPLACEMENT

**Article IV**

The name and Florida street address of the registered agent is:  
FARRELL RONALD  
220 N WESTMONTE DR  
SUITE D  
ALTAMONTE SPRINGS, FL. 32714

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.

Registered Agent Signature: RONALD FARRELL

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
RONALD FARRELL  
220 N WESTMONTE DRIVE SUITE D  
ALTAMONTE SPRINGS, FL. 32714

Title: MGR  
JAMES FARRELL  
220 N WESTMONTE DRIVE SUITE D  
ALTAMONTE SPRINGS, FL. 32714

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/17/2008

Signature of member or an authorized representative of a member

Signature: RONALD FARRELL

L08000088646  
FILED 8:00 AM  
September 17, 2008  
Sec. Of State  
alunt