

LD8000088822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

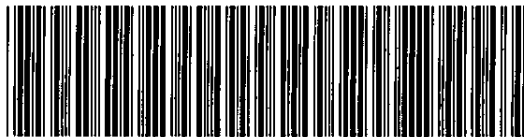
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800135984978

09/17/08--01017--004 **130.00

FILED
2009 SEP 17 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD.9-18

LAW OFFICES OF WILLIAM W. SYDNOR

Member Florida State Bar

*696 Remington Oak Drive
Lake Mary, Florida 32746
(407) 321-1694*

September 15, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: *Artistic Impressions Hair Studio LLC*

Dear Sirs:

Enclosed please find the Articles of Organization (and one true copy) and a check in the amount of \$130.00 to cover the filing fee and a Certificate of Status for the above referenced Limited Liability Company.

If all is in order, please forward to our attention the Certificate of Status as soon as possible. Thank you for your attention to this matter and please do not hesitate to contact us should you need anything further.

Sincerely,



William W. Sydnor, Esq.

Cc. Lee Travis-Scaglia

FILED

2000 SEP 17 AM 11:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Artistic Impressions Hair Studio 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:

Artistic Impressions Hair Studio LLC

241 North Hunt Club Boulevard

Longwood FL32779

Mailing Address:

same

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:

Lee Travis-Scaglia

Name

2521 Canterclub Trail

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

Apopka FL 32712

FL

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..

Lee Travis Scaglia
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

2000 SEP 17 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGMR

Lee Travis-Scaglia

2521 Canterclub Trail

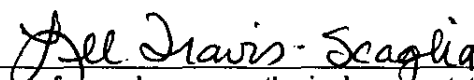
Apopka FL 32712

(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.)

Lee Travis-Scaglia

Typed or printed name of signee

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)