

L08000106990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

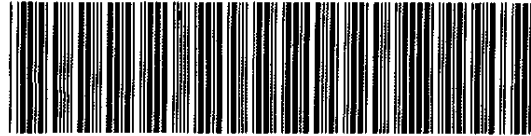
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500137977615

11/17/08--01029--008 **160.00

FILED
08 NOV 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. NOV 18 2008

B. THOMAS FAHERTY

158 Turkey Creek
Alachua, FL 32615
Phone: (386) 462-5653
Fax: (386) 462-4674

November 14, 2008

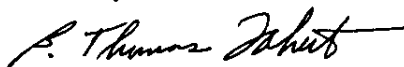
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed are the Articles of Organization for a Florida, LLC and check #2035
for \$160.00.

Please stamp and return our copy. Thank you

Sincerely,



B. Thomas Faherty

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH WEST BARBER SHOP LLC

ARTICLE II - Address:

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

5000 NW 34th STREET

GAINESVILLE, FL 32605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RITA L CRAWFORD

5000 NW 34th STREET

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

GAINESVILLE, FL 32605

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..

Rita L. Crawford

Registered Agent's Signature

FILED
08 NOV 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(An additional article must be added if an effective date is requested)

Rita L. Crawford

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.)

RITA L CRAWFORD

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NORTH WEST BARBER SHOP LLC

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

RITA L. CRAWFORD

(Name)

5000 NW 34 th STREET

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

GAINESVILLE

FL 32605

City/State/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.

Rita L. Crawford
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
08 NOV 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA