

L08000110027

p.1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000264868 3)))



H080002648683ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSE SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PAM AND GLYNA MAE'S BARBER SHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2008 DEC -1 A 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
08 DEC -1 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

DEC - 2 2008

EXAMINER

H-08000264868.3

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

In compliance with Chapter 608, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 DEC - 1 A 8:05

FILED

ARTICLE I NAME

The name of the Limited Liability Company is:

PAM AND GLYNA MAE'S BARBER SHOP LLC

ARTICLE II ADDRESS

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

2400 SE 36TH AVENUE
OCALA, FLORIDA 34471

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

GLYNA MAE SIMPSON
3056 NE 120TH STREET
ANTHONY, FLORIDA 32617

Having been named as registered agent 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.

x Glyna Mae Simpson
GLYNA MAE SIMPSON / Registered Agent's signature

H-08000264868.3

H-08000264868.3

PAGE 2 PAM AND GLYNA MAE'S BARBER SHOP LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

PAM BECKHAM

PO BOX 563

LOWELL, FLORIDA 32663

MANAGING MEMBER

GLYNA MAE SIMPSON

3056 NE 120TH STREET

ANTHONY, FLORIDA 32617

2008 DEC - 1 A 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

.....



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.

PAM BECKHAM

H-08000264868.3