## 18801100801

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
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Certified Copies Certificates of Status			
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**EXAMINER** 



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SECRETARY OF STATE OIVISION OF CORPORATION

## **COVER LETTER**

10:	Division of Co.			
SUBJI	ECT:	BADAWI HA (Name of Limited Li	IK 4 BEAUTY Seability Company)	UPPLIES, LLC
The en	closed Articles of	Organization and fee(s) are subm	aitted for filing.	
Please	return all corresponden	ondence concerning this matter to	the following:	
	RA	ED BADALIN (Nam	e of Person)	
	BA t	DAWI HAIR 1 B	EAUTY SUPPLIE	<u>s</u>
	363	33 PALM BEA	ACH BLUD Address)	
	Foi	RT MYERS (City/State	FL 33916 te and Zip Code)	
For fur	ther information	concerning this matter, please call	:	
	RAEO (Name	BADAWI at (	(Area Code & Daytime Telephone	7 6 Number)
Enclos	sed is a check fo	r the following amount:		
<b>□</b> \$125.	00 Filing Fee	Certificate of Status	(additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy litional 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 FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
BADAWI HAIR & BEA (Must end with the words "Limited Liability	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3633 PALM BEACH BLVO FORT MYERS FL 33916	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrationsess entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
	1 25
RAEO B	A D AW I CORP
	M BEACH BLUD  Iress (P.O. Box NOT acceptable)  5
FORT MYERS City, State, a	FL 33916
Having heen named as registered agent and to a	accept service of process for the above stated limited

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..

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RAED N BADAWI 3633 PALM BEACH BLVD FORT MYERS FL 33916
MGR	RAFAT R BADAWI 3633 PALM BEACH BLVD FORT MYERS FL 33916
<del></del>	
(Use attachment if necessary)	L. CONTIONAL)
f an effective date is listed, the date must or 90 days after the date of filing.)	e date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
REQUIRED SIGNATURE:  Action  Signature of a memler	Paddill  per or an authorized representative of a member.
_	section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

RAED N GADALI
Typed or printed name of signee