L09000016269

(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:

W09-5228

A. LUNT

FEB 18 2009

EXAMINER

Office Use Only

200142584102

02/02/09--01061--024 **160.00

FILED

2009 FEB 17 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2009

CHRISTY M. LAWSON
4170 BALTZELL STREET
MARIANNA, FL 32446

SUBJECT: TEQUILA MOCKINGBIRD, LLC - SALON & COLOR BAR
Ref. Number: W09000005228

2009 FEB 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for TEQUILA MOCKINGBIRD, LLC - SALON & COLOR BAR and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC suffix must be at the end of the name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 609A00003802

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Tequila Mockingbird - Salon & Color Bar, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy M. Lawson
(Name of Person)

(Firm/Company)

4170 Baltzell Street
(Address)

Marianna, Florida 32446
(City/State and Zip Code)

FILED
2009 FEB 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christy M. Lawson at (850) 482-8557
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee
☐ $130.00 Filing Fee & Certificate of Status
☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Tequila Mockingbird - Salon & Color Bar, 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:

2813 Hwy 71
Marianna, FL 32446

Mailing Address:

2813 Hwy 71
Marianna, FL 32446

2009 FEB 17 PM 2:26
FILED

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:

Christy M. Lawson
Name

4170 Baltzell Street
Florida street address (P.O. Box NOT acceptable)

Marianna, FL FL 32446
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..

X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Christy M. Lawson 4170 Baltzell Street MARIANNA, FL 32446

FILED
2009 FEB 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

X _____
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.)

Christy M. Lawson
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)