

LD90000017193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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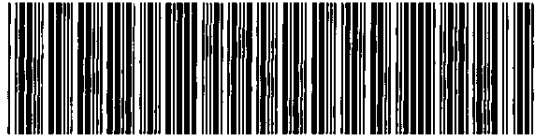
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STATE  
TALLAHASSEE FLORIDA

8/10/99

Dear, Sirs

My Name is.

Maryse Blutes Guillaumette

4965 Ortega hills Dr.  
Jacksonville FL 32244

Tel. 904.472.6199

Thank you.

M. Blutes

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Your Style Hair Salon "L.L.C.,"

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

5800 Ramona boulevard booth 370-371  
Jacksonville Fl. 32205

#### Mailing Address:

4965 Ortega hills drive  
Jacksonville Fl. 32244

### 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:

Maryse Dutes Guillaume  
Name  
4965 Ortega hills drive  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32244  
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.*

Maryse Dutes Guillaume  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

"MGR"

Maryse Dutes Guillaumette

4965 Ortega hills drive

Jacksonville Fl. 32244

"MGRM"

Serge Hugo Guillaumette

4965 Ortega hills drive

Jacksonville Fl. 32244

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/25/09

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**

Serge V Guillaumette  
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.)

Serge Hugo Guillaumette  
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)**

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