# 1\_09000099112

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		·

Office Use Only



700160449957

09/11/09--01020--014 \*\*125.00



C. LEWIS

Det 14 2009

EXAMINER

## **COVER LETTER**

*TO: Registration Section Division of Corporations	
SUBJECT: Prestige Har	ir Salon
(Name of Resulting Flo	rida Limited Company)
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Floaccordance with s. 608.439, F.S.	
Please return all correspondence concerning the	nis matter to:
Mary Grant	
Mary Grant  (Contact Person)  Prestige Hair Sa  (Firm/Company)  1630 SW Bay Aore  (Address)  fort St Lucie F/  (City, State and Zip Code)	/02
1630 SW Bay Aore	Blud
Port St Lucie F/	34986
(City, State and Zip Code)	
For further information concerning this matter	
	•
Mary GRANT (Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
•	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2009

MARY GRANT / PRESTIGE HAIR SALON 1630 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34986

SUBJECT: PRESTIGE HAIR SALON

Ref. Number: W09000041051

We have received your document for PRESTIGE HAIR SALON and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please let me know if you want to just file an Ilc. If you are just going to file the LLC, you don't need any more money. If you are going to file a general partnership and then file a conversion, you would still owe \$25.00 in addition to the \$50.00 check that I am returning to your. Pleasegive me a call at 850-245-6047.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00030231

Check 134, returned one 10-7-09 with



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2009

MARY GRANT / PRESTIGE HAIR SALON 1630 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34986

SUBJECT: PRESTIGE HAIR SALON

Ref. Number: W09000041051

We have received your document for PRESTIGE HAIR SALON and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 609A00030231

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  Prestige Hair Holi Salon LLC  (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:  Mailing Address:  Mailing Address:  16 30 SW Bay Share BUP Port St Lucie F 34986  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:  Prestige Hair Salon Name 1630 SW Bay Shore BUP Florida street address (P.O. Box NOT acceptable) Port St Lucie FL 34986  City, State, and Zip	ARTICLE I - Name:	
(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:  Mailing Address:  Mailing Address:  16 30 SW Bay Share BWP Port St Lucie 1 F 1 34986  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:  Prestige Hair Salon Name 1630 SW Bay Shore BUP Florida street address (P.O. Box NOT acceptable)	The name of the Limited Liability Company is:	
(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:  Mailing Address:  Mailing Address:  16 30 SW Bay Share BWP Port St Lucie 1 F 1 34986  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:  Prestige Hair Salon Name 1630 SW Bay Shore BUP Florida street address (P.O. Box NOT acceptable)	Prestige Hair & Nail	Salon LLC
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  May Shore BUD  Port St Lucie Flay86  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:  Prestige Hair Salon  Name  1630 SW Bay Shore BUD  Florida street address (P.O. Box NOT acceptable)	(Must end with the words "Limited Liability Company," the abl	previation "L.L.C.," or the designation
Liability Company is:  Principal Office Address:  Mailing Address:  1630 SW Bay Share BWP Port St Lucie F134986  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:  Prestige Hair Salon Name 1630 SW Bay Shore BWP Florida street address (P.O. Box NOT acceptable)	ARTICLE II - Address:	
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:    Prestige Hair Salow   Name   N		incipal office of the Limited
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:    Post   Ge   Hair   Sa   ON	Principal Office Address:	Mailing Address:
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:    Prestige Hair Salon   Name   Name	1630 SW Bay shore BLOD Port St Lucie 1 F/ 34986	1630 SW Baychore BUD Port 59 (mis 87 34986
The name and the Florida street address of the registered agent are:    Prestige Hair Salon     Name   Name   Burp     Florida street address (P.O. Box NOT acceptable)	Signature:	
Prestige Hair Salon  Name  1630 SW BayShore BLUP  Florida street address (P.O. Box NOT acceptable)		7209 7209 7209
Florida street address (P.O. Box NOT acceptable)	The name and the Florida street address of the re	egistered agent are:
Florida street address (P.O. Box NOT acceptable)	Prestige Hair	Sa/02 55 55 15
Florida street address (P.O. Box NOT acceptable)	1630 SW Baye	Shore BLUP MG 3 C
Port st Lucie FL 34986.  City, State, and Zip	Florida street address (P.O.	Box NOT acceptable)
City, State, and Zip	Port St Lucie	FL 34986 .

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

date is listed therein.)

Signature of a member or an authorized representative of a member.

the effective date listed in the attached Certificate of Conversion, if an effective

(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.)

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)

Page 2 of 2