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SECRETARY OF STATE ALLAHASSEE, FLORID,

FILED

## **COVER LETTER**

	ion Section of Corporations	
SUBJECT:	Dollar H	lair Warehouse
	Name of Limited L	iability Company
The enclosed Artic	eles of Organization and fee(s) are subn	nitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
		etta Stewart
	Nan	ne of Person
	. Fin	n/Company
	P.O. E	3ox 770402
		Address
·		ni,FI 33177
	·	ite and Zip Code
	dollarha E-mail address: (to be used for fu	ture annual report notification)
For further informa	ation concerning this matter, please cal	<b>!</b> :
	aryetta Stewart at	( 561 ) 307-0838  Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
]\$125.00 Filing F	Fee \$130.00 Filing Fee & . Certificate of Status	\$155.00 Filing Fee & Silfont Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	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 Li	ability Company is:	
(Must and with	ollar Hair Warehouse LLC. the words "Limited Liability Company," "L.L.C.,"	2 or 11 C 11
(Mast end with	the words Emilied Liability Company, E.E.C.,	or r.cc. )
ARTICLE II - Address:		
The mailing address and str	eet address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Addres	: <u>s:</u>
12801 SW 149th St.	Po Box 770402	<u> </u>
Miami,FL 33186	Miami,FL 3317	
(The Limited Liability Company carbusiness entity with an active Florida ST	d Agent, Registered Office, & Registered agent. You must de da registration.)  treet address of the registered agent are  Maryetta Stewart  Name  12801 SW 149th st.  rida street address (P.O. Box NOT acceptable  Miami, 33186  FL	esignate an individual ANT PH 2: 21  ANT TARY OF STATE  ESTATE  ESTATE
	City, State, and Zip	
liability company at the registered agent and agree statutes relating to the pro	istered agent and to accept service of pr place designated in this certificate, I her to act in this capacity. I further agree to oper and complete performance of my di f my position as registered agent as pro-	reby accept the appointment as o comply with the provisions of all uties, and I am familiar with and

(CONTINUED)

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:

"MGR" = Manager	
"MGRM" = Managing Member	Maryetta Stewart 12801 SW 149 st. Miami, FL 33186 SS
MGRM	Maryetta Stewart
	12801 SW 149 st.
	Miami, FL 33186 955
	Kemyana Young
MGRM	Kemyana Young
•	12801 SW 149 st
	Miami,FL 33186
	· ·
	<del> </del>
	,
(Use attachment if necessary)	
•	e date of filing: February 1, 2010 (OPTIONAL)
CLE V: Effective date, if other than the	e date of filing: February 1, 2010 (OPTIONAL) be specific and cannot be more than five business days
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with so of this document contract that the facts stated by	be specific and cannot be more than five business days  per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)