

L10000008647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

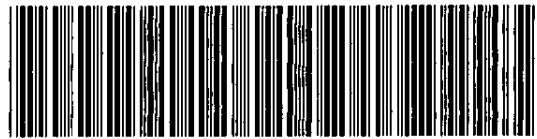
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. JAN 20 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J. C. SALON AND CUTS, L.L.C.
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:

DEON MACK

Name of Person

J. C. SALON AND CUTS, L.L.C.

Firm/Company

6341 CHERRY BLOSSOM TRAIL

Address

GIBSONTON, FL 33534

City/State and Zip Code

deon_mack@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEON MACK

Name of Person

at (**813**)

827-2928

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2010

DEON MACK
6341 CHERRY BLOSSOM TRAIL
GIBSONTOWN, FL 33534

SUBJECT: J.C. SALON AND CUTS, L.L.C.
Ref. Number: W10000003376

We have received your document for J.C. SALON AND CUTS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 710A00001833

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. C. SALON AND CUTS, L.L.C.

(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:

GOOLSBY POINTE SHOPPING CNTR
11637 BOYETTE ROAD
RIVERVIEW, FLORIDA 33569

Mailing Address:

GOOLSBY POINTE SHOPPING
11637 BOYETTE ROAD
RIVERVIEW, FLORIDA 33569

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:

DEON MACK

Name

6341 CHERRY BLOSSOM TRAIL

Florida street address (P.O. Box NOT acceptable)

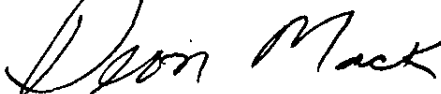
GIBSONTON 33534

FL

City, State, and Zip

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10 JAN 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(CONTINUED)

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

DEON MACK

6341 CHERRY BLOSSOM TRAIL

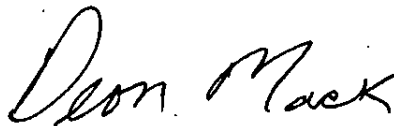
GIBSONTOWN, FL 33534

(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:



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.)

DEON MACK

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)

FILED
10 JAN 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA