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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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05/06/10--01005--018 **155.00

Effective Date 05/01/10

TO APR -5 AM 15 54

T. HAMPTON

MAY - 8 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT: Dreaux'		ad Liability Comm		
	Name of Limit	ed Liability Comp	any	
The enclosed Articles o	f Organization and fee(s) are	submitted for filin	g.	
Please return all corresp	ondence concerning this matt	er to the following	g:	
David Christo	pher Landreaux			
<u> </u>		Name of Person		
Dreaux's Hair	Studio LLC			
		Firm/Company		
10871 Ulmert	on Dood			
1007 i Oillien	on Road	Address		
Largo, Florida				
		y/State and Zip Code	e	
dreauxshairst	udio@yahoo.com E-mail address; (to be used f	or future annual ren	ort potification	1
		•	on nouncation) -
For further information	concerning this matter, please	e call:		
Ciciley Landreaux		at (_727	564-350	0
	of Person	Area Code	./	elephone Number
Enclosed is a check for	or the following amount:			
	_	5 0177 00 533	Б. 6	5 6 176 00 000 000 000 000 000 000 000 000 00
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 Filir Certified Co		\$160.00 Filing Fee, Certificate of Status &
		(additional cop	. •	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/C	purier Addre	<u>ss</u>
	Registration Section Division of Corporations		ion Section of Corporati	one
	P.O. Box 6327	Clifton E		ulia
	Tallahassee, FL 32314		ecutive Cente see, FL 3230	

Effective Date 05/01/10

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Oreaux's Hair Studio LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the preprincipal Office Address:	rincipal office of the Limited Liability Company is: Mailing Address:
10871 Ulmerton Road	PO Box 425
Largo, Florida 33778	Largo, Florida 33779
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another

David Cri	nstopher Landreaux
	Name
3677 140	Oth Avenue North, #B
	Florida street address (P.O. Box NOT acceptable)
Largo	FL 33771
	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..

Registered Agent's Signature (REQUIRE ()

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	David Christopher Landreaux
	3677 140th Avenue North, #B
	Largo, FL 33771
MGRM	Ciciley Landreaux
	3677 140th Avenue North, #B
	Largo, FL 33771
Use attachment if necessary)	
EV : Effective date, if other than t	the date of filing: May 1st, 2010 . (OPTION

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.)

David Christopher Landreaux

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)

TO APR -5 AM 198 54