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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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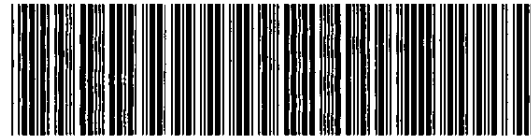
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 MAY 24 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 25 2010

EXAMINER



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

May 18, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Color Affair Salon, LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing.  
Also, please find enclosed a check for state filing fees in the amount of **\$155.00**  
made payable to the FL Dept of State. For information to this filing at the  
undersigned.

Thank you in advance and please return all correspondence in regards to this filing  
using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
aberen@corpnet.com

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TALLAHASSEE, FLORIDA

Toll-Free: 888-449-2638  
Direct/Int'l: 805-449-2638  
Fax: 805-449-2639 | info@corpnet.com

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Color Affair Salon, LLC

(Must end with the words "Limited Liability Company, "I.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:**404 Alachua Drive  
Winter Haven, FL 33884**Mailing Address:**404 Alachua Drive  
Winter Haven, FL 33884**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:

Monica J. Yates

Name

404 Alachua DriveFlorida street address (P.O. Box NOT acceptable)Winter Haven FL 33884

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.*

Monica J. Yates  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**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:**

MGRM

Monica J. Yates

404 Alachua Drive

Winter Haven, FL 33884

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(Use attachment if necessary)

SECRETARY OF STATE  
FLORIDA

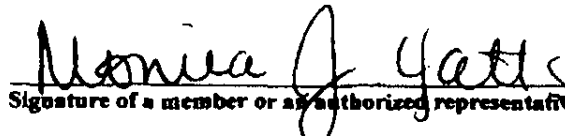
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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(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.)

**Monica J. Yates, Organizer**

Typed or printed name of signer

**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)**