

L10000059448

(Requestor's Name)



Brian Meade
2515 Sun Cove Ln.
West Palm Bch, FL 33410

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

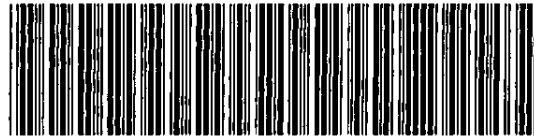
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400180179014

05/10/10--01030--015 **125.00

FILED
10 JUN -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-22914
J. BRYAN

JUN - 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2010

BRIAN MEADE
2515 SUN COVE LN.
WEST PALM BEACH, FL 33410

SUBJECT: PALM BEACH HAIR SOLUTIONS LLC
Ref. Number: W10000022914

FILED
10 JUN -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00011881

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALM BEACH HAIR SOLUTIONS 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:

11891 US HWY ONE STE 202
NORTH PALM BEACH, FL 33408

Mailing Address:

11891 US HWY ONE STE 202
NORTH PALM BEACH, FL 33408

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:

PAUL J. BURKHART

Name

800 VILLAGE CROSSING

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

PALM BEACH GARDENS FL 33410

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
10 JUN -2 AM 11:12
SECRETARY OF STATE
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

AYMERIC BENET

PO BOX 30221

PALM BEACH GARDENS, FL 33420

MGRM

BRIAN MEADE

2515 SUN COVE LANE

NORTH PALM BEACH, FL 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

AYMERIC BENET

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)