

L1000000 79347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

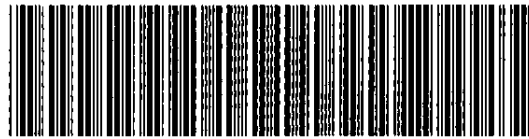
Special Instructions to Filing Officer:

A. LUNT

JUL 28 2010

EXAMINER

Office Use Only



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07/27/10--01021--033 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 27 PM 3:16

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BEACH BOULEVARD BARBERS, L.L.C.

CONNIE M. WEATHERFORD
6606 WHITE BLOSSOM CIRCLE
JACKSONVILLE, FL 32258

PH# 904-392-7893

ARTICLES OF ORGANIZATION

CHECK ENCLOSED \$ 160.00 CHECK # 1001

MAIL TO THE ABOVE ADDRESS

EMAIL ADDRESS IS:
CONNIEWEATHERFORD@HOTMAIL.COM

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Boulevard Barbers, 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:

CONNIE M. WEATHERFORD

Name of Person

BEACH BOULEVARD BARBERS

Firm/Company

6606 WHITE BLOSSOM CIRCLE

Address

JACKSONVILLE, FLORIDA 32258

City/State and Zip Code

CONNIEWEATHERFORD@HOTMAIL.COM

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

For further information concerning this matter, please call:

CONNIE M. WEATHERFORD

Name of Person

at (904)

392-7893

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACH BOULEVARD BARBERS, 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:

6606 WHITE BLOSSOM CIRCLE

JACKSONVILLE

FLORIDA 32258

Mailing Address:

6606 WHITE BLOSSOM CIRCLE

JACKSONVILLE

FLORIDA 32258

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:

CONNIE M. WEATHERFORD

Name

6606 WHITE BLOSSOM CIRCLE

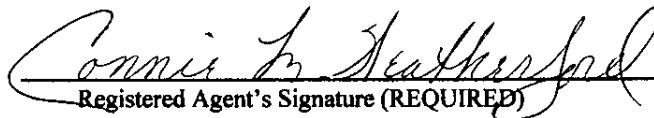
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE

FL 32258

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)

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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:

MGR

CONNIE M. WEATHERFORD

6606 WHITE BLOSSOM CIRCLE

JACKSONVILLE, FL 32258

2009 JUL 27 PM 3:15
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TALLAHASSEE, FLORIDA

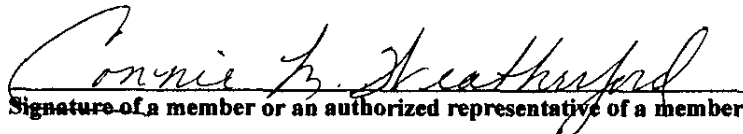
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 22, 2010 (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.)

CONNIE M. WEATHERFORD

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)