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(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

SEP -9 2010

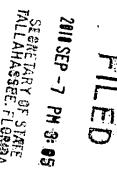
EXAMINER

Office Use Only



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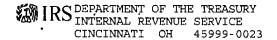


COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	ICHIE'S BARBER	SHOP & MORE LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
·	MARITZA HE	ERNANDEZ	
-		Name of Person	
	ICHIE'S BARBEF	R SHOP & MORE LLC	
<u></u>		Firm/Company	
	452 N V	VABASH AVE	
		Address	
	LAKEL	AND FL 33815	
	Cit	y/State and Zip Code	
		DEZ54@YAHOO .COM	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
ISRAEL HERI	NANDEZ	at (863) 409-9896	
Name	of Person	Area Code & Daytime Teler	phone Number
Enclosed is a check for	or 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 C	ircle



Date of this notice: 09-02-2010

Employer Identification Number:

27-3380964

Form: SS-4

Number of this notice: CP 575 G

MARITZA HERNANADEZ ICHIES BARBER SHOP&MORE 1254 ENTERPRISE ST LAKELAND, FL 33805

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-3380964. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ICHIE'S BARBE	ER SHOP & MORE LLC	
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
MARITZA HERNANDEZ	1254 ENTERPRISE ST LAKELAN	D FL. 33805
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an the registered agent are:	individual offinoties
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARITZA	Registered Agent. You must designate an the registered agent are: HERNANDEZ	individual office individual ASSEE FL
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARITZA	Registered Agent. You must designate an the registered agent are:	individual ARY OF SIMILARSSEE, FLORE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARITZA	Registered Agent. You must designate an the registered agent are: HERNANDEZ	individual office individual ASSEE FL
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARITZA 1254 ENTI	the registered agent are: HERNANDEZ Name	individual ARY OF SIMIE HASSEE, FLORIDA
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARITZA 1254 ENTI	the registered Agent. You must designate an the registered agent are: HERNANDEZ Name ERPRISE ST	individual ARY OF SIMIE HASSEE, FLORIDA

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGR	MARITZA HERNANDEZ
	1254 ENTERPRISE ST LAKELAND FL. 33805
<u> </u>	Au:
	LAH. SP
·	<u> </u>
Ligo ottophysaut 'S	
LE V: Effective date, if the control of the control	f other than the date of filing: (OPTION ne date must be specific and cannot be more than five business difiling.)
LE V: Effective date, if fective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date of filing: (OPTION ne date must be specific and cannot be more than five business difiling.)
fective date is listed, the days after the date of REQUIRED SIGNATION Signs (In according to the date of the date of the days after the date of the days after the days aft	f other than the date of filing: (OPTION ne date must be specific and cannot be more than five business diffling.) FURE: All Del Al

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)