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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -3 2010

EXAMINER

TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: MOREY'S SALON & BARBER LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

MOREY'S SALON & BARBER LLC

C/O VICTORIA MOREY

4665 PATRICK LANE

COCOA, FL 32927

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

VICTORIA MOREY 321-452-2922

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

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10 NOV -2 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
10 NOV -2 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

MOREY'S SALON & BARBER LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

2555 N. COURTENAY PKWY
SUITE 33
COCOA FL 32927

MAILING ADDRESS

4665 PATRICK LANE

COCOA FL 32927

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

VICTORIA MOREY

4665 PATRICK LANE

COCOA, FL 32927

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

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS
FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR"= MANAGER

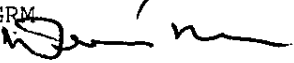
"MGRM"= MANAGING MEMBER

MGR



VICTORIA MOREY
4665 PATRICK LANE
COCOA, FL 32927

MGRM



DENNIS MOREY
4665 PATRICK LANE
COCOA, FL 32927

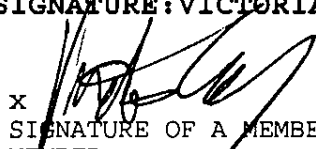
MGRM

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TALLAHASSEE, FLORIDA

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE: VICTORIA MOREY

X



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.)

VICTORIA MOREY
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)