

Division of Corporations  
May 2, 2011 1:00 PM

Page 1 of 1

**L11000051493**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000122256 3)))



H110001222563ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@TampaBay.RA.com

RECEIVED  
11 MAY -2 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
IMAGE SALON, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

11 MAY -2 AM 8:19

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu

MAY 13 2011

H11000122256 EXAMINER

H110001222563

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**IMAGE SALON, LLC**

(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:**

**Mailing Address:**

5457 31ST ST S  
ST PETERSBURG, FL 33712

SAME

**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:

DAVID C HASTINGS, CPA, PA

Name

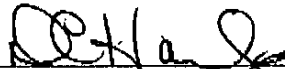
2207 54TH ST S

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

GULFPORT FL 33707

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

H110001222563

FILED  
11 MAY -2 AM 8:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H110001222563

**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

BRUCE DEMAYO

5457 31ST ST S

ST PETERSBURG, FL 33712

MGR

ANN LOUISE LESAK

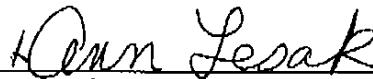
5457 31ST ST S

ST PETERSBURG, FL 33712

(Use attachment if necessary)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

**ANN LOUISE LESAK**

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)

H110001222563