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COVER LETTER

TO: Registration Section
TO: Registration Section Division of Corporations Division of Corporations
TO: Registration of Corporation Division of Corporation SUBJECT: Radcliff Salons, LLC Name of Limited Liability Company Name of Limited For filing.
Radcliff Saloris, Name of Limited Da
CURIECT: Mad for filing.
of fee(s) are submitted
SUBJECT: Name of Person Name of Person
The enclosed Articles of concerning this matter
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Please remin
LIII Nagara
Jody D.
Firm/Company
4789 S. Atlantic Ave., #3
Addition Add
4789 5.7
Inlet. FL 32121 City/State City/S
Ponce Inlet, FL 32127 City/State and Zip Code City/State and Zip Code Jodyradcliffcpa@aol.com Jodyradcliffcpa@aol.com Jodyradcliffcpa@aol.com Jodyradcliffcpa@aol.com Jodyradcliffcpa@aol.com Jodyradcliffcpa@aol.com
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For further information concerning this matter, please call: at 386 Area Code & Daytime Telephone Number
For further Area Co.
Jody D. Radcliff Name of Person
Jody D. Raucin. Name of Person Name of Person Certificate Certificate
Enclosed is a check for the following amount: Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate (Certificate Copy (additional copy is enclosed)) Certificate (additional copy is enclosed)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Radcliff Salons, 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: Mailing Address: Principal Office Address: 4789 S. Atlantic Ave., #3 4789 S. Atlantic Ave., #3 Ponce Inlet, FL 32127 Ponce Inlet, FL 32127 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: Edward G. Radcliff Name 4789 S. Atlantic Ave., #3

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.

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable)

FL 32127

Registered Agent's Signature (PEQUIRED)

Ponce Inlet

(CONTINUED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:	LAHASS
MGRM	Jody D. Raddiff	MA
	4789 S. Atlantic Ave., #3	20
	Ponce Inlet, FL 32127	72. E.

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