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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO.
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Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

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ALLAHASSEE, FLORIG

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	$\mathbf{E} \mathbf{I}$	- Nai	me:
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The name of the Limited Liability Company is:

ANYA'S HAIR ARTISTRY LLC.

(Must end with the words "Limited Liubility 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:

1586 IVES DAIRY ROAD

MIAMI, FL 33178

2345 NW 207TH STREET

MIAMI, FL 33056

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:

ANYA WILSON

Name

2345 NW 207TH STREET

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

MIAM

PL 33056

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	ANYA WILSON
·	2345 NW 207TH STREET
	MIAMI, FL 33056
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
Oln	~ = 11,97 = =
Signature of a member	er or an authorized representative of a member.
(In accordance with section 608	8.408(3), Florida Statutes, the execution of this documents
constitutes an affirmation under	mation submitted in a document to the Donurtment of State
constitutes a third degree felon	y as provided for in 8.817.155, F.S.)
ANYA WILSO	N
Ту	ped or printed name of signee
	た。
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga	nization and Designation
of Registered Agent	

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)