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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(December 1)
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AUG 25 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ons			
SUBJECT: Her Studio	His Shop, LLC.			
	Name of Limited Liabilit	y Company		
The enclosed Articles of Organi	vation and fee(s) are submitted	for filing.		
Please return all correspondence	concerning this matter to the f	ollowing:		
Rise Venette				
	Name of I	erson		
Her Studio His	Shop, LLC.			
	Firm/Con	npany		
37001 Barring	ton Dr			
	Addre	SS		
Eustis, FL 3273				
	City/State and	Zip Code		
admin @	<u>erstudiohissh</u> il address: (to be used for future a	nnual report notification)	(** (***	
For further information concern	ng this matter, please call:		::(<u>: :</u> نقر	TANG 24
Rise Venette	at (35.		7.7 7.7 7.7 	1 0-5
Name of Person	/	Area Code & Daytime Telep	phone Number	
Enclosed is a check for the fo	llowing amount:		ORIDA	MHIO, OU
	ificate of Status Certi	.00 Filing Fee & [fied Copy ional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is en	tus &
Regis Divis P.O.	tration Section I ion of Corporations I 3ox 6327 G nassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee. FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Her Studio His Shop, LLC.	_	
(Must end with the words "Limited Li	ability Company, "L.F.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
37001 Barrington Dr	37001 Barrington Or	
Eustis, FL 32736	Euslis, FL 32736	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re- business emity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
Dalia Cantor, CPA - Avalon Park Accounting		AUG 24 AHASS
Nar	me	AND AND I
13000 Avaion La	ake Dr, Suite 207	
Florida street	address (P.O. Box NOT acceptable)	Loss de C
Orlando	r. 32828	

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

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:

MGR	Rise Venette	
	37001 Barrington Dr Eustis, FL 32736	· · · · · · · · · · · · · · · · · · ·
MGR	Michael Dirkx	
	37001 Barrington Dr	· · · · · · · · · · · · · · · · · · ·
	Eustis, FL 32736	
(Use attachment if necessary) LE V: Effective date, if other than	n the date of filing: August 22, 2011	SEISSE TARY IN ISTATE OPTIONAL COPTIONAL COPTIONAL
	est be specific and cannot be more than fi	

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, F.S.)

Rise Venette

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)