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**FLORIDA LIMITED LIABILITY CO.
A Hair off the Beach, LLC**

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J. BRYAN
AUG 29 2011

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**ARTICLES OF ORGANIZATION
OF
A Hair off the Beach, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: A Hair off the Beach, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 531 A1A Beach Blvd, St. Augustine, Florida 32080.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

Jayne Moon, 531 A1A Beach Blvd, St. Augustine, Florida 32080



Date: August 26, 2011

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

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FAX AUDIT # H11000212555 3**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

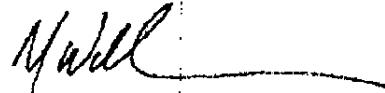
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: A Hair off the Beach, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature:

Mark Williams, A.V.P. *Business Filings Incorporated*Date: *August 26, 2011*11 AUG 26 AM 7:56
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TALLAHASSEE, FLORIDA**F I L E D****FAX AUDIT # H11000212555 3**