

L11000126103

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.

(((H11000264024 3)))



H110002640243ABCU

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (361) 455-9885

2011 NOV -4 AM 9:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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.
TOTAL CHANGES SALON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
11 NOV -4 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 7 2011

EXAMINER

H11000264024 3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TOTAL CHANGES SALON, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

204 W MACCLENLY AVENUE
MACCLENLY, FLORIDA 32063

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x Paul Smith V.P.
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

H11000264024 3

H11000264024 3

PAGE 2 TOTAL CHANGES SALON, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

LORI RHODEN

204 W MACCLENLY AVENUE

MACCLENLY, FLORIDA 32063

MANAGING MEMBER

AMY COLLINS

204 W MACCLENLY AVENUE

MACCLENLY, FLORIDA 32063

FILED
2011 NOV -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
x Amy Collins

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.

AMY COLLINS

H11000264024 3