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SECRETARY OF STATE

COVER LETTER

7-10.	Division of Corporations
Š SUB	JECT: Sheena Brooke@ CoCo's Salon LLC
i dig	Name of Limited Liability Company
The e	enclosed Articles of Organization and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
्रिकेट इ.स.च्या	Sheena Jones
	Name of Person
*	CoCos Salon
	Firm/Company
	2578 Halleck Lane
% . ₹ ***	
	Tallahassee, FL 32312 City/State and Zip Code
	City/State and Zip Code
	brookec 2786@yahoo.com
	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	Swana Jones at (850) 509 - 2786 Name of Person Area Code & Daytime Telephone Number
Encl	osed is a check for the following amount:
[]\$125.0	Of Filing Fee \$\frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$155.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed)
···	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shena Brooke @ Co Co's Salon LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

(The Limited Liability Co	egistered Agent, Registered Office, & Registered Agent's ompany cannot serve as its own Registered Agent. You must designate an indivi- active Florida registration.)		
The name and the l	Florida street address of the registered agent are:	SECRET FALLAH	.
	Name	ETARY HASSI	
	2578 Halleck Lane Florida street address (P.O. Box NOT acceptable)	rn . Fe, Fl	
	Tallahassee FL 32312 City, State, and Zip	STATE LORIDA	, <u> </u>

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)

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: Title: "MGR" = Manager "MGRM" = Managing Member Shena Jones 2718 Halleck Land Talluharsel, FL 32312

to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ____

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

(OPTIONAL)

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)