

L120000033885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

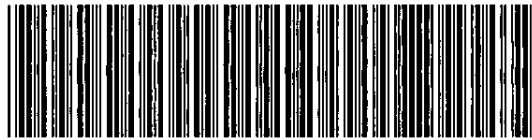
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200224026382

03/08/12--01019--014 **130.00

2012 MAR -8 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER

MAR 9 2012

COVER LETTER

TO: Registration Section
Division of Corporations

Shop

SUBJECT: The ELITE Barber, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Salla

Name of Person

Firm/Company

1312 S.W. 181st Avenue

Address

Pembroke Pines FL 33029

City/State and Zip Code

Oburna@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____)

Area Code & Daytime Telephone Number

2012 MAR -8 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 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:

The ELITE BARBER^{Shop,} LLC
(Must end with the words "Limited Liability 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:

1312 S.W. 181 Avenue
Pembroke Pines, FL 33029

Mailing Address:

1312 S.W. 181 Avenue
Pembroke Pines, FL 33029

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:

Omar Salla
Name
1312 S.W. 181 Avenue
Florida street address (P.O. Box NOT acceptable)
Pembroke Pines, FL 33029
City, State, and Zip

2012 MAR - 8 AM 8: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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..

X Omar Salla 2/28/12
Registered Agent's Signature (REQUIRED)

(CONTINUED)