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| (F | Requestor's Name) |
|-------------------------|-------------------------|
| (A | Address) |
| (A | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (C | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |

A. LUNT

MAR 22 2011

EXAMINER

Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | | | |
|--------------|--|-----------------------------|----------------------------|---|
| SUBJEC | Eagle's Perch Bar | ber Shop L | LC' | |
| | Name of | Limited Liability Compa | nny | |
| | | | | |
| The encl | osed Articles of Organization and fee(| s) are submitted for filing | 3. | |
| Please re | turn all correspondence concerning the | is matter to the following | • | |
| N | Mireille Whitfield | | | |
| 1 | vincine vvintneta | Name of Person | | |
| - | Tandala Danah Danbar | Observe | | 20 |
| _t | Eagle's Perch Barber | | | <u> </u> |
| | | Firm/Company | | 黑色 第二 |
| { | 8224 North 98/Banan | árd. | | 2012 MAR 21 PM 1: 48 SELECTION OF STATE MALLIAHASSES, FLORING |
| - | *, | Address | | ളി ത |
| 1. | oland El 22040 | | | |
| <u>Li</u> | akeland FL. 33810 | City/State and Zip Code | | |
| lv | vhitrealtor @aol.com | Chyrotaic and Esp Code | | ` '}}* |
| | | used for future annual repo | ort notification) | |
| For furth | er information concerning this matter, | please call: | | |
| Mireille | e Whitfield | at (863 | 844-2842 | |
| | Name of Person | | & Daytime Telephone | Number |
| | | | | |
| Enclosed | d is a check for the following amou | nt: | | |
| \$125.00 F | Filing Fee \$\int_\$130.00 Filing Fee Certificate of State | La cal | oy Cert | 0.00 Filing Fee, ifficate of Status & iffied Copy |
| | · | (additional copy | | itional copy is enclosed) |
| | Mailing Address | | ourier Address | |
| | Registration Section Division of Corporat | | on Section | |
| | P.O. Box 6327 | clifton B | of Corporations uilding | |
| | Tallahassee, FL 323 | | cutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| Eagle's Perch Barber Shop | "L LC". |
| . (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8224 north banana rd. Lakeland Fl. 33810 | 1412 Maple st. Lakeland fl.33809 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reference of the r | ered Agent. You must designate an individual or another |
| Name | 97 |
| 1412 Maple st. | |
| | ress (P.O. Box <u>NOT</u> acceptable) |
| Lakeland FL. 33809 | FL |
| City, Sta | te, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|-----------------------------------|--|
| "MGRM" = Managing Memb | per and a second |
| | Fig. 3 |
| MGR. | Mireille Whitfield |
| | 1412 Maple st . |
| | Lakeland FL. 33809MGR. ≥ |
| MGR. | Lonnie Whitfield jr. |
| | 1412 Maple st Lakeland FL. 33809 |
| | Lakeland FL. 33809 |
| | Te. |
| | \$8 |
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| | |
| (Use attachment if necessary) | |
| (Ose acaemient it necessary) | |
| CLE V: Effective date, if other | than the date of filing: (OPTIONAL |
| ffective date is listed, the date | must be specific and cannot be more than five business days |
| days after the date of filing.) | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| \bigcirc | \mathcal{O}_{-} . \mathcal{O}_{-} . \mathcal{O}_{-} |
| celes | LL IN MILLE |

(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.)

Mireille Whitfield

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)