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.

(((H12000285094 3)))



HI 20002850843ABC+

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 : HUBCO

Account Number: 104662003400 Phone: (516)935-3940

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

muil Address: LYNN 6

LYNN& LYNCO TOX. com

RECEIVED

2 DEC -5 PM 1: 03

ECRETARY OF SIME

FLORIDA LIMITED LIABILITY CO.

Reem's Beauty Supply LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

K. SALY EXAMINER DEC - 6 2012

H12000285094

	T 120	UUZ03U94
ARTICLES	S OF ORGANIZATION	
	FOR	•
FLORIDA LIMI	TED LIABILITY COMPANY	
ARTICLE I - Name		
The name of the Limited Liability Company is: Reem's	s Beauty Supply LLC	10 AS
ARTICLE II - Address		E. E.
The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	· · · · · · · · · · · · · · · · · · ·
300 Cypress Gardens Blvd., Suite 335	300 Cypress Gardens Blvd Suite 335	; (g)
Winter Haven, FL 33880	Winter Haven, Fl. 33880	7

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Amin Mohamed	
Name	
300 Cypress Gardens Blvd., Suite 335	
(P.O. Box or Mail Drop Box NOT Acceptable)	
Winter Haven, FL 33880	
(City / State / Zip)	

liaving 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 - Amin Mohamed

A DIRECT E BL. Manney (A)	H12000285094
ARTICLE IV - Manager(s) o The name and address of each Man	r Managing Member(s); ager or Managing Member is as follows:
<u>Title:</u> "MGR" ➤ Manager "MGRM" = Managing Member	Name and Address:
MGRM	Amin Mohamed - 300 Cypress Gardens Blvd., Suite 335 Winter Haven, FL 33880
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
	Same
Signature	of a methber or authorized representative of a member.
	nce with section 608,408(3), Florida Statutes, the execution of this astitutes an affirmation under the penalties of perjury that the facts are true.)
·	Amin Mohamed
	Typed or printed name of signee