

L12000 160671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

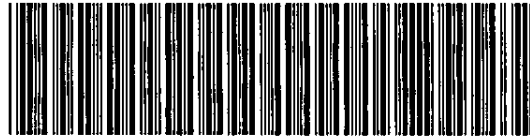
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/12--01005--007 **150.00

Effective Date 1/1/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 26 AM 10:43

DEC 27 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cheveux Salon & Spa 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:

Skip Berg, Esquire

Name of Person

Skip Berg, P.A.

Firm/Company

1872 Tamiami Trail, Suite D

Address

Venice, FL 34293

City/State and Zip Code

jbooket74@yahoo.com

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

For further information concerning this matter, please call:

Skip Berg, Esquire

Name of Person

at (941) 493-0871

Area Code & Daytime Telephone Number

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

LAW OFFICES OF
SKIP BERG, P.A.

1872 TAMiami TRAIL SOUTH

SUITE D

VENICE, FLORIDA 34293

ATTORNEYS AT LAW

AND

FLORIDA CIVIL-LAW NOTARY

TELEPHONE

(941) 493-0871

FAX (941) 497-6817

December 26, 2012

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

RE: Cheveux Salon & Spa LLC.
Our File No. 12-173

Dear Sir/Madam:

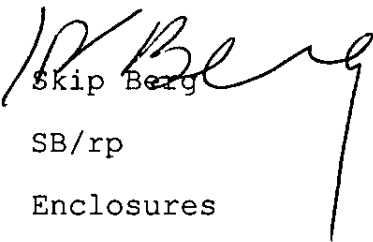
Enclosed is the Articles of Organization and Designation of
Registered Agent for the above LLC.

Please return to us a certified copy and a Certificate of Status.

Enclosed is a check payable to the Florida Department of State for
\$160.00.

Thank you.

Sincerely,


Skip Berg

SB/rp

Enclosures

cc: Joanne N. Booket

Effective Date

1/1/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cheveux Salon & Spa 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:

1136 Jonah Drive
North Port, FL 34289

Mailing Address:

1136 Jonah Drive
North Port, FL 34289

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:

Joanne N. Booket

Name

1136 Jonah Drive

Florida street address (P.O. Box NOT acceptable)

North Port, FL 34289

City, State, and Zip

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)

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

Name and Address:

MGRM

Joanne N. Booket

1136 Jonah Drive

North Port, FL 34289

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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. 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.)

Joanne N. Booket

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)