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(Re	questor's Name)	
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EFFECTIVE DATE (1) 2013



(850) 245-6051.

COVER LETTER

TO:	Registration S Division of Co		* * o	
SUBJI	ect: LIMI	DEDITION STYLIN Name of Limite	HILLO d Liability Company EFFECTIVE	VE DATE VIZ
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	•
Please	return all corresp	ondence concerning this matte	r to the following:	
	BRANC	di Murray		10 0 mg
		DITTON STYLING	Name of Person Firm/Company	THE THE STATE OF T
	1242 K	INHSTON AVE	Address	0,1
	OFLAND LIMIDED	MONSMUNG@61	//State and Zip Code MQIL. UM or future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
BR	ANDI MUK Name	2494 of Potson	at (407) 492-510 Arca Code & Daytime Telepi	none Number
Enclo	sed is a check f	or the following amount:		
⊒\$125	i.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 Ci Tallahassee, FL 32301	rcie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LIMITDEDITION STYLING, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1242 KINGSTON AVE OKLANDUIFL 32807	1242 KINGSTON AVE ORLANDO, FL 32807
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:

BRANDI MYK	RAM	
N	Name V	
1242 KINGGON	NE	
Florida stre	et address (P.	O. Box NOT acceptable)
OPLANDO,	FL	32807
Ci	ity, 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.

Signature (REQUIRED)

(CONTINUED)

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4072450833

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MARM	BRANDI MURRAU 1242 KINGSON AVO ORLANDO, FL 32807	
•		
		-

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January (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 of an authorized representative of a member.

(In accordance with section 608.408(8), Florida Statutes, the execution of this document constitutes an affirmation under the perialties 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 signec

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)