

L13000031933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

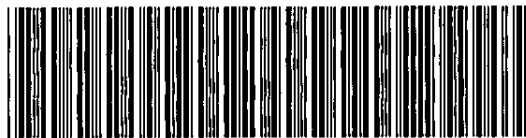
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
2013 FEB 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert C. Nettleton

Attorney at Law

(863) 422-6484
Fax (863) 421-9618

30 North Sixth Street
Post Office Box 277
Haines City, Florida 33845-0277

February 25, 2013

Department of State
State of Florida
P. O. Box 6327
Tallahassee, Florida 32314

2013 FEB 28 PM 3:06
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

Re: Shear Mayhem Hair Studio, LLC

Dear Sir:

Enclosed, please find the following instruments in the above regard. Original and two copies of Articles of Organization For Florida Limited Liability Company.

Also enclosed is my check in the amount of \$155.00 representing the Filing Fee and Certified Copy (additional copy is enclosed).

Please return the Certified Copy of Articles to this office.

Very truly yours,



Robert C. Nettleton

RCN/jn

Enclosures

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shear Mayhem Hair Studio, 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:

Robert C. Nettleton

Name of Person

Attorney At Law

Firm/Company

P.O. Box 277

Address

Haines City, Florida 33845-0277

City/State and Zip Code

jonett@tampabay.rr.com

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

For further information concerning this matter, please call:

Robert C. Nettleton

Name of Person

at **863 422-6484**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

SHEAR MAYHEM HAIR STUDIO, 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:

4354 Sun Center Road
Mulberry, Florida, 33860

Mailing Address:

4354 Sun Center Road
Mulberry, Florida 33860

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:

Jay D. Burnett

Name

4354 Sun Center Road

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

Mulberry FL 33860

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:

MGR

Jay D. Burnett

4354 Sun Center Road

Mulberry, Florida 33860

MGRM

Kristine N. Burnett

4354 Sun Center Road

Mulberry, Florida 33860

2013 FEB 28 PM 3:05
FILED
CLERK OF COURT
STATE OF FLORIDA
JACKSONVILLE

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

JAY D. BURNETT

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)