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**FLORIDA LIMITED LIABILITY CO.**

**Bella Hair by Amy LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
Bella Hair by Amy LLC**

**ARTICLE I           NAME**

The name of the limited liability company shall be: Bella Hair by Amy LLC

**ARTICLE II           PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 9965 Sanjose Blvd Suite 11, Jacksonville, Florida 32257.

**ARTICLE III           INITIAL REGISTERED AGENT & STREET ADDRESS**


The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV           DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V           MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:  
Sunee Catena, 9965 Sanjose Blvd Suite 11, Jacksonville, Florida 32257

  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

Date: September 17, 2013

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CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Bella Hair by Amy LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 

Mark Williams, A.V.P. Business Filings Incorporated

Date: September 17, 2013

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