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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: De Youngster's lut. Salon 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: |
| Janet Yamoah Name of Person |
| De Youngstor's lut. Salon Firm/Company |
| 1350 E. Tennessee St Unit 13-4 Address |
| Tall. FL. 32308 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Janet Yamoah at (850) 878 3399 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|--|
| De Youngster's Int. Salon Lh C (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: Mailing Address: |
| 1350 E. Tennesse of Unit B4 |
| 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: |
| Janet Yamoah Name |
| Name |
| 1350 E. Tennessee St Unit B-4 Florida street address (P.O. Box NOT acceptable) |
| Florida street address (P.O. Box NOT acceptable) |
| Tall. FL FZ 32308 |
| City 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 605, F.S |
| Tonetyamoel Registered Agent's Signature (REQUIRED) RESETT |
| (CONTINUED) |
| Page 1 of 2 |

| | Title: | Name and Address: | | |
|----------------------|--|---|-------------|----------|
| | "AMBR" = Authorized Member | | | |
| | "MGR" = Manager _A M B_R | Janet Yamoah | | |
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| (If an e the date | LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. | g: (OPTIONAL) and cannot be more than five business days prior to | or 90 day | /s after |
| (If an e the date | Tective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: | nd cannot be more than five business days prior to | or 90 day | ys after |
| (If an e the date | Tective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Janetyan | nd cannot be more than five business days prior to | or 90 day | ys after |
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