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From:

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FLORIDA LIMITED LIABILITY CO. AMERICAN BARBERSHOP, LLC

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January 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: AMERICAN BARBERSHOP, LLC

REF: W14000005050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: H14000019352 Letter Number: 614A00001718

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ALL A HASSEF PLOBINA

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILI	TY CC	ATM	NY
ARTICLE I - Name: The name of the Limited Liability Company i	\$:			
AMERICAN BAR	RBERSHOP, LLC	···		
(Must end with the words "Limited Lia	bility Company. "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lie	ability C	ompan	y is:
Principal Office Address:	Mailing Address:			
9453 8W 56TH STREET	9453 SW 66TH STREET			
MIAGAI, FL 33165	MIAMS, FL 33165			
		···		
ARTICLE III - Registered Agent, Register (The Limited Limited Company cames serve as its own Registers entity with an active Florida registration.)	ed Office, & Registered Agent's junered Agent. You must designate an indivi	Signati dual or and	ire: other	
The name and the Florida street address of the	e registered agent are:			
LEONARDO	SERRANO			
Na	ne .			
9453 SW 56	TH STREET			
	address (P.O. Box NOT acceptable)			
MAMI	₂₇ 33165			
City, State	c, and Zip			
Having been named as registered agent and le liability company at the place designated is registered agent and agree to act in this capac stantes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the hity. I further agree to comply with performance of my duties, and I an	e appoin the prov n familia	itment risions r with	as of all and
fefen	*			
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"MGRM" = Managing Member MGRM LECHARDO SERRANO 21 SW 129TH AVENUE MAMI, FL 38184 ARMANDO PERUYERO SO EAST 59TH STREET HALEAH, FL 33013 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than days after the date of filing.) REQUIRED SIGNATURE:	
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Signature of a member or an authorized representative of a m	
(In accordance with section 665 . Florida Statutes, the execution of this document constitutes an affirmation under the penalties of that the facts stated herein are true.)	tive of a member.
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