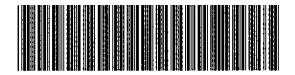
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 2 6 2014

T. BROWN

## **COVER LETTER**

Division of C	Section Corporations		
SUBJECT: The Tre	endstylist Name of Lin	nited Liability Company	
	rame of the	inted Elacinity Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Lashawn	da Kennedy		
		Name of Person	
The Tren	ndstylist		
•		Firm/Company	
132 <u>Oak</u>	wood Drive		
		Address	•
<u>Jupiter, F</u>	Florida 33458		
	C	City/State and Zip Code	
thetrendstylist@	omail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
Lashawnda Kenned	dy at (	561 ) 744-9298/ 401-5 Area Code Daytime Te	773 Iephone Number
INA	ne of Person	Area Code Daytime Te	repriore Number
Enclosed is a check for	or the following amount:		
□ \$125.00 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)
<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	90
The Trendstylist, LLC	ited Liability Company, "L.L.C.," or "LLC.")
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	The state of the s
The mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
132 Oakwood Drive	132 Oakwood Drive
Jupiter, Florida 33458	Jupiter, Florida 33458
another business entity with an active Florida registra	own Registered Agent. You must designate an individual or ation.)
The name and the Florida street address of the registe	ered agent are:
<u>Lashawnda Kennedy</u> Νε	ame
132 Oakwood Drive Florida street address (P.O.	Box NOT acceptable)
<u>Jupiter</u> City	FL 33458 Zip
City	۲ıh

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Lashawnda Kennedy
<del></del>	132 Oakwood Drive
	Jupiter, FI 33458
	dupitor, 1100400
	<del></del>
	**************************************
	· · · · · · ·
	<del>,</del>
Use attachment if necessary)	
tive date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specific a f filing.)	and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specific at filing.)  E VI: Other provisions, if any.	and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specific at filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	and cannot be more than five business days prior to or s
ctive date is listed, the date must be specific at filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020)	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
Citive date is listed, the date must be specific at filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020) constitutes an affirmation under the provisions.	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
CVI: Other provisions, if any.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020)  constitutes an affirmation under the plan aware that any false information	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State
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