L4000130614

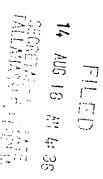
(Re	questor's Name)	
(Add	dress)	<u></u>
(Ad	dress)	<u>. </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		·

Office Use Only



600261288886

08/18/14--01012--003 **130.00



AUG 2 0 Z014 S. YOUNG

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:		Barber Shop ited Liability Company)			
The enclose	d Articles of Organization and fee(s) are	e submitted for filing.				
Please retur	n all correspondence concerning this ma	atter to the following:				
	Danny Wi	Name of Person		 		
,	The Loc	oks Barber Sh Firm/Company	iop			
	10131 M	raddox lane Uni-	FJ103	Z.S.	14	
		Address			AUG	_
	Bonita Spri	ity/State and Zip Code	35		<u></u>	
	•	Ity/State and Zip Code ICLOUD · Com I for future annual report notifica		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	E # # # # # # # # # # # # # # # # # # #	!
For further i	nformation concerning this matter, plea	se call:		• *	,,,	
<u>۵۰۶</u>	Name of Person at (239 465-73 Area Code Daytime Tel	270 ephone Number			
Enclosed is	a check for the following amount:					
] \$ 125.00 Fii	ing Fee \$\frac{130.00}{2\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of Certified Cop (additional copy	Status &	ed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
The Larks B. Landland 1.	. 1 - 1 - 1	Λ	
The Looks Barber Shop, Limited Li (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	abi hit	40	Ð
(Must end with the words Eminted Elability Company, E.E.C., or ELC.)			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
27313 Old 41 ROAD 27313 Old 41 Roa	AD		
Suite B Bonita Springs, FC 34135 Bonita Springs, FC 3	— <u>भा</u> 35	-	
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 another business entity with an active Florida registration.)	individual	or	
The name and the Florida street address of the registered agent are:			
Danny w. Waters JR.			
Name			
10131 maddox Lane 3103			
Florida street address (P.O. Box NOT acceptable)			
Bonita Springs FL 34135			
City			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and conformy duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S	igree to act inplete perf	in this Iormand	i ce
(I then the second sec		14	
Registered Agent's Signature (REQUIRED)		Suv S	;
(CONTINUED)		<u>_</u> ග	,
Page I of 2		174 45 33	, 1 , ,

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Am.BR	Danny W. Waters JR 10131 Maddox Lane J103 Bonth Springs (FL 34135	<u> </u>
AMBR MGR	Jose Nolasco 20189 Milagro Ln Bonita Springs, FC 34135	
(Use attachment if necessary)		
E.V. Effective data if other than the data	of Glings (OPTIONIAL)	
fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	or 90 da
fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	or 90 da
fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	or 90 da
REOUIRED SIGNATURE Signature of a mei (In accordance with section 60: constitutes an affirmation under 1 am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	
REOUIRED SIGNATURE Signature of a mei (In accordance with section 60: constitutes an affirmation under 1 am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	
REOUIRED SIGNATURE Signature of a mer (In accordance with section 60: constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	