

L14000154586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

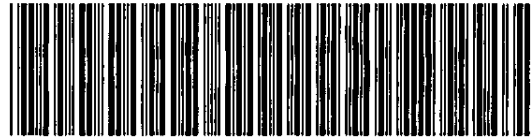
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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900263492919  
08/25/14--01051--013 \*\*30.00

10/03/14--01017--001 \*\*100.00

FILED  
14 OCT -3 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

OCT 03 2014

104-54109



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2014

PRINCE HIXON JR.  
1227 ARIANA ST.  
LAKELAND, FL 33803

SUBJECT: PAPERTRAIL PROMOTIONS LLC  
Ref. Number: L12000043536

We have received your document for PAPERTRAIL PROMOTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As discussed, the amendment cannot be filed due to the administrative dissolution of the limited liability company.

Enclosed is the form to file a new limited liability company since you have chosen not to reinstate the above listed LLC. The fee to file the new LLC is \$125.00. Therefore, you have a balance due of \$95.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Milligan  
Senior Section Administrator

Letter Number: 814A00019292

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My Touch Barber Shop  
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:

Prince K. Hixon Jr.  
Name of Person

My Touch Barber Shop  
Firm/Company

1227 Ariana St.  
Address

Lakeland, FL 33803  
City/State and Zip Code

phixonjr@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Prince Hixon Jr. at 863 430-8725  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

my Touch Barber Shop, LLC.

(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:**

1227 Ariana St.  
Lakeland, FL 33803

**Mailing Address:**

1227 Ariana St.  
Lakeland, FL 33803

**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:

Prince Hixon Jr.

Name

1227 Ariana St.

Florida street address (P.O. Box **NOT** acceptable)

Lakeland,

City

FL

33803

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

Pritasha K. Hixon  
719 Ponderosa Dr. West  
Lakeland, FL 33810

Prince K Hixon Jr.  
719 Ponderosa Dr. West  
Lakeland, FL 33810

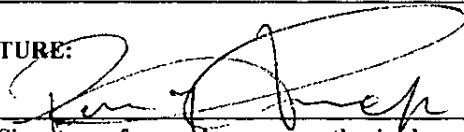
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Prince K. Hixon Jr.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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