

L14000171586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

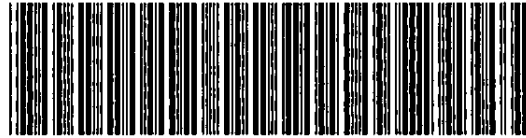
(Document Number)

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

Special Instructions to Filing Officer:

9/25/14  
282b, 611

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900263407959

09/25/14--01005--009 \*\*130.00

FILED  
14 SEP 25 PM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-60106

NOV 04 2014

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

SALEEMAH Z SPENCE  
1095 GOLDEN LAKES BLVD APT 922  
WEST PALM BEACH, FL 33411

SUBJECT: SZ HAIR CARE L.L.C.  
Ref. Number: W14000060106

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14 SEP 25 PM 10:06  
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TALLAHASSEE, FLORIDA

We have received your document for SZ HAIR CARE L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 25, 2014. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 314A00021090

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SZ Hair Care 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:

saleemah Z spence  
Name of Person

sz spence  
Firm/Company

1095 golden lakes boulevard apt 922  
Address

west palm beach fl 33411  
City/State and Zip Code

ginaspence1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

gina spence at ( 561 ) 2142124  
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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SZ Hair Care 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:

Mailing Address:

1095 golden lakes blvd. apt 922  
west palm beach fl 33411

1095 golden lakes blvd. apt 922  
west palm beach fl. 33411

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:

saleemah z spence

Name

1095 golden lakes boulevard apt.922

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

west palm beach

FL 33411

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

manager

**Name and Address:**

gina spence 1095 golden lakes blvd.

apt. 922

west palm beach fl. 33411

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(Use attachment if necessary)

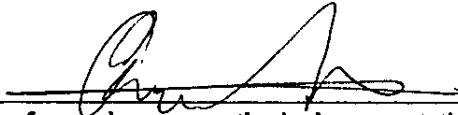
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

gina spence

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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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Saleemah Spence

**Name and Address:**

1095 Golden Lakes Boulevard

West Palm Beach FL 33411

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(Use attachment if necessary)

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**REQUIRED SIGNATURE:**



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Saleemah Z. Spence

Typed or printed name of signee

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