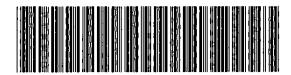
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

DEC /2 2014

COVER LETTER

TO:	Registration Division of (section Corporations		
SUBJE	CT: <u>Hair Do</u>	ooz of Dunedin, LLC		
		Name of Li	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Amy Mill	er		
			Name of Person	
	Hair Doo	z of Dunedin, LLC		
			Firm/Company	
	920 Broa	adway		
			Address	
	<u>Dunedin,</u>	Fl. 34698		
			ity/State and Zip Code	
<u>mr</u>	niller484@hc	otmail.com E-mail address: (to be use	d for future annual report	notification)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Amy M		ne of Person	727) <u>410-5886</u> Area Code Dayti	me Telephone Number
			·	-
Enclose	ed is a check fo	or the following amount:		
] \$ 125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2014

AMY MILLER 920 BROADWAY DUNEDIN, FL 34698

SUBJECT: HAIR DOOZ, LLC Ref. Number: W14000063617

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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 October 16, 2014. Please amend your document accordingly.

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.

Tim Burch Regulatory Specialist II

Letter Number: 414A00022393



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2014

AMY MILLER 920 BROADWAY DUNEDIN, FL 34698

SUBJECT: HAIR DOOZ OF DUNEDIN, LLC

Ref. Number: W14000068905

We have received your document for HAIR DOOZ OF DUNEDIN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch Regulatory Specialist II

Letter Number: 314A00024300

Reserved at the process of the server of the property of the process of the proce

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Hair Dooz of Dunedin, LLC	.imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	numed Liability Company, E.E.C., of EEC.	
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
920 Broadway	1124 Charles St	
<u>Dunedin, Fl. 34698</u>	Clearwater, Fl. 33755	
another business entity with an active Florida regi The name and the Florida street address of the regi Amy Miller	ts own Registered Agent. You must designate an instration.)	dividual or
1124 Charles St Florida street address (P.0	O Box NOT acceptable)	
•		r s
<u>Clearwater</u> City	FL 33755 Zip 55.	A
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	cept service of process for the above stated limited liver accept the appointment as registered agent and agrisions of all statutes relating to the proper and compute obligations of my position as registered agent at Chapter 605, F.S	ree to act in this plete performance

(CONTINUED)

Page 1 of 2

<u> Fitle: </u>	Name and Address:	¥ CR REA
'MGR" = Manager		CRET CAH/
MGR	Mark Miller	S A
	1124 Charles St	m-≺ -
	Dunedin, Fl. 34698	<u> </u>
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Page 2 of 2