

L150000032357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

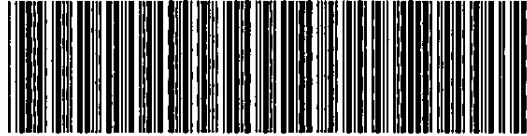
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FEB 23 2015

T. HAMPTON

8018-510



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 20 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 9, 2015

WADE WILSON
1517 W GARDEN ST
PENSACOLA, FL 32502

SUBJECT: PEAR TREE SALON, LLC
Ref. Number: W15000009492

We have received your document for PEAR TREE SALON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00002669

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEAR TREE SALON, 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:

WADE WILSON

Name of Person

WADE WILSON, CPA, PA

Firm/Company

1517 W. GARDEN STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

kariniap1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINIA POIRIER

Name of Person

at (850) 255-2245

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:

Pear Tree Salon, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6008 Tippin Ave.
Pensacola, FL 32504

Mailing Address:

6008 Tippin Ave.
Pensacola, FL 32504

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Karinia Poirier
Name

614 Timber Ridge Rd.
Florida Street Address

Pensacola, FL 32534
City, State, and Zip Code

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

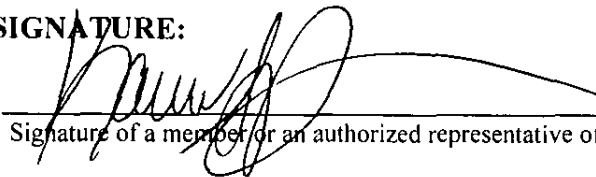
MGRM

Karinia Poirier
614 Timber Ridge Rd.
Pensacola, FL 32534

MGRM

Melba Harrell
7816 Petersen Point Rd.
Milton, FL 32583

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.)

Karinia Poirier
Name of Signee

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TALLAHASSEE, FLORIDA