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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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February 25, 2015

LORY WEST 127 HARBOR BLVD 5B DESTIN, FL 32541

SUBJECT: DESTIN HARBOR HAIR COMPANY L.L.C.

Ref. Number: W15000013717

We have received your document for DESTIN HARBOR HAIR COMPANY 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00003928

COVER LETTER

Division of Corporations	
SUBJECT: Destin Harbor Name of Limi	Hair Company L.L.C.
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Lory	West Name of Person
Destin Harbor	Hair Company Firm/Company
127 Harbor E	31vd· 5B Address
Destin Florid	a 32541 y/State and Zip Code
Destin Harbor Hair E-mail address: (to be used	o 3254/ y/State and Zip Code - O 04/00K, Com for future annual report notification)
For further information concerning this matter, pleas	e call:
Lory West at (950) 4101-4426 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:	
LORY'S	Destin Harbor Hair Comp (Must end with the words "Limited Liabili	pany 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:	iling Address:
	127 Harbor Blvd. 513 1 Destin, FL 32541	27 Harbor Blvd., 5B Destin, FL. 32541
	ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
	The name and the Florida street address of the registered agent a	are:
	LORY 12) est	<u> </u>
	Florida street address (P.O. Box NOT)	
	Destin F	L 32541 Zip
	Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the ap capacity. I further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the obligation Chapter 605,	pointment as registered agent and agree to act in this catutes relating to the proper and complete performance as of my position as registered agent as provided for in
	Registered Agent's Signature (R	
	(CONTINUED)	15 MAR
	Page I of 2	-6 AM 8
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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 doct constitutes an affirmation under the penalties of perjury that the facts stated herein are to I am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S.) LORY DEST 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)					Name and	Address:			
LE V: Effective date, if other than the date of filing: (OPTIONAl fective date is listed, the date must be specific and cannot be more than five business days prior of filing.) LE 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 doct constitutes an affirmation under the penalties of perjury that the facts stated herein are to I am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S.) LORY DEST Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	R" = A " = Ma	anager	and I	1 19Th	Lo 13 le Des	Ry W Timbe tin, FL	cs+ r c+. 32541		_
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ARTICLE IV-