# USDDD069251

(Reques	tor's Name)	
(Address	<del>s</del> )	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer:	
	2 1 2015	
<b>A.</b>	DUNLAP	

Office Use Only



000271295190

04/06/15--01019--003 \*\*125.00

15 APR -6 AH IO: 37
SECONE AND SECONDARIOS FALGRIDA

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	ст: <u> </u>	lie Morre Name of Lin	11 Cosmetolo nited Liability Company	59
The encl	osed Articles of	Organization and fee(s) as	re submitted for filing.	
Please re	eturn all correspo	ndence concerning this m	atter to the following:	
		Julie	Name of Person	
		Julie mo	Firm/Company	257
	. <u>.</u>	718 W. Pri	nceton St, S	E.C
	C	rlando,	FZ 32804 ity/State and Zip Code Yahoo , Com d for future annual report notifica	······
		norrell36 -mail address: (to be used	Yahoo, Com d for future annual report notifica	tion)
For furth	er information co	oncerning this matter, plea	se call:	
	Name o	rrell at (	321 <u>946 - 7</u> Area Code Daytime Tel	ephone Number
Enclosed	l is a check for th	e 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:

Deabage Sulie Morrell Cosmetology 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:
718 W. Prince lon St Steic 718 W. Princeton St. Ste. C Driando, FL 32804 Orlando, FL 32806
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:
Julie Morrell
Name
3745 S. FEINCY EEK AVE
Florida street address (P.O. Box NOT acceptable)
orlando FL 32804
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MGR Julie Morrell 3745 S. FERNCLER AVE
	ovlando, FL 32806
	3 S S S S S S S S S S S S S S S S S S S
	<u> </u>
**************************************	
E V: Effective date, if other than the date of filing	S:(OPTIONAL)
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)	CRASS OF STREET
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)  E VI: Other provisions, if any.	S:(OPTIONAL)
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	(OPTIONAL) and cannot be more than five business days prior to or 90 of the second sec
REQUIRED SIGNATURE:  Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the per	cannot be more than five business days prior to or 90 of an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, submitted in a document to the Department of State

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

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)