L15000112752

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		





000274272930

07/01/15--01007--018 **155.00

2015 JUL - 1 PHI2: 28 SECRETARY OF STATE

JUL - 6 2015

T. BROWN

COVER LETTER:

Division of Corporations
SUBJECT: Uptown Salon at Hunter's Walk, 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:
Rebecca K. Hays Name of Person
Firm/Company
156 Bakers acres Drive
Hawthorne FL 32640 City/State and Zip Code becki Hays@HoTmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca Hays at (352) 222-2276 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$
Molling Addungs Street Addung

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: Wtewn Salon at Hunter's Walk L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," of "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

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

Principal Office Address:

Mailing Address:

1 Theipar Office Address.	Maning Address.
5141 NW 43rd St. 54 te # 107 Gainesville, FL 32606	156 Bakers Acres Dr Hawthorne, FL 32640
,	

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:

Rebecca K Hays
Name

156 Bakers Acres Dr.
Florida street address (P.O. Box NOT acceptable)

Hawthorne FL 32640

City State 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Glenda Sharez 12460 DW 198 Th ST. Road
MGR	Repecca K. Hays
	Hawthorne, FL 32640
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: asap-date of FilinoPTIONAL)
neffective date is listed, the date must be ate of filing.) If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be list
n effective date is listed, the date must be ate of filing.) E: If the date inserted in this block does locument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be liste
ate of filing.) If the date inserted in this block does locument's effective date on the Departrick ICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listen
n effective date is listed, the date must b late of filing.)	not meet the applicable statutory filing requirements, this date will not be liste
REOUIRED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that any	not meet the applicable statutory filing requirements, this date will not be liste
REOUIRED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that any	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records. a member of an authorized representative of a member. a section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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

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