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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Bundies of Luhy Hour Imports 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: |
| Jacques M. Hibbert Name of Person |
| Bundles & Luhy Hair Imports Firm/Company |
| 3551 Blairestone Road Ste 128-253 Address |
| Tallahassee, Flonda 32301 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DCQUCS Hibbort at (305) 431-2428 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{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | 2 | ** | | ь т | |
|---|----|--------|-----|-----|-----|
| А | КΙ | | I - | Nя | me: |

The name of the Limited Liability Company is:

Rundles of Luhy Hou Imports UC.

(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: |
|---------------------------|------------------|
| 3551 Blurestone Rd | |
| TO 110 ha 9500, EL 32301 | |
| | |

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:

Dagues W. Hibbert

3551 BlaireStone Rd Ste 128-253

Florida street address (P.O. Box NOT acceptable)

1016mosse, 51 32301

ity 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

SECRETARY OF STATE

| <u>Title:</u> "AMBR" ≈ Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | Decrees W. Hibbert 3551 Blavestore Robbert Tallahassee, Fl 32381 |
| HUBR | Verlean Holloward 3551 Blace stone Rol Ste 128-2 Janahassel, F1 3 2301 |
| <u> </u> | |
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| | he date of filing: 215 2015 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days af |
| CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department. | t be specific and cannot be more than five business days prior to or 90 days af |
| CLEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department. | t be specific and cannot be more than five business days prior to or 90 days af |
| CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is lam aware that a | t be specific and cannot be more than five business days prior to or 90 days af |

ARTICLE IV-

Page 2 of 2

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