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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special instructions to Fi	ling Officer:	

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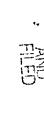


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SECRETAGE OF STATE
SECRETAGE FLORIDA





OCT 26 2015

T SCHROFDER

COVERLETTER

TO: Registration Section Division of Corporations
SUBJECT: A Breath of Fresh Hair 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:
Annie Bell Jones Name of Person
Firm/Company
4727 Crawfordville Rd Unit 9
Tallahassee Fl 32305
Bhail address: (to be used for future annual report notification)
For further information concerning this matter, please tell:
Annel Jones at (850) 339-8173 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 323!4 Street Address New Filing 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:

A Br	eath of Fresh with the words "Limited Liability Com	Hair LLC		
ARTICLE II - Address:	address of the principal office of the Lin			·
Princin Unit 9	and Office Address: Courforduille Pd Tall Fla 32305	Mailing Add	ress:	
	gent, Registered Office, & Registered y cannot serve as its own Registered Ag active Florida registration.)		dividual or	•
The name and the Florida street	address of the registered agent are: Annie Jone	5		
	1727 Crawfoldu	He Rd Unita)	
	Florida street address (P.O. Box No. 1) City State	32305 Zip		
place designated in this certificate further agree to comply with the p	agent and to recept service of process f e, I havely accept the appointment as re- provision, of all statutes relating to the p phligations of my position as registered a	or the above stated limited lia gistered agent and agrec to ac roper and complete performa	t in this capacity. nce of my duties, a	1 .
	(CONTINU	·	SECSE TALL AH;	15 OCT
	Page t o	f2	IARY OF STATE ISSEE, FLORIDA	26 AM 9: 56

Title:	Name and Address;	
"AMBR" = Authorized Member "MGR" = Manager	Annie Jones 4727 Graufordoille Rd	
<u> </u>		
and the second s	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		,
CLEV: Effective date, if other than the date of effective date is listed, the date must be speci	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90) days after
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