

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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15 HOV 16 PH 2:13

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	FOREVER REMY HAIR LLC			
SUBJEC		Limited Liabili	ty Company	
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:	
	BETHELIA FRANCIS			
		Name of	Person	
	FOREVER REMY HAIR LLC	,		
		Firm/Cor	npany	
	832 SAWYER RUN LANE			
		Addre	SS	
	PONTE VEDRA BEACH, FL 32082	2		
	BFRANCIS2518@GMAIL.COM	City/State and	Zip Code	
	E-mail address: (to be use	ed for future ar	nnual report notificati	on)
For further	r information concerning this matter, plea	ase call:		
	BETHELIA FRANCIS	904	859-9189	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	└─ Certifie	Filing Fee & Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) I (2	Street Address New Filing Section Division of Corporati Clifton Building 1661 Executive Cente Fallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FOREVER REMY HAIR LLC	ability Company, "L.L.C.," or "LLC.")
(Musi chu will the words Ellinted Ek	ionity company, E.E.C., or EEC.
TICLE II - Address:	
mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
832 SAWYER RUN LN	
PONTE VEDRA BEACH, FL 32082	

BETHELIA FRANCIS

Name

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

PONTE VEDRA BEACH FL

32082

City

832 SAWYER RUN LN

The name and the Florida street address of the registered agent are:

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)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	BETHELIA FRANCIS
	832 SAWYER RUN LANE
	PONTE VEDRA BEACH, FL 32082
MGR	JOSEPH ANTHONY FRANCO, JR
	832 SAWYER RUN LANE
	PONTE VEDRA BEACH, FL 32082
(Use attachment if necessary)	
CLEV. Effective data if other than the	late of filing: 11/9/2015 (OPTIONAL)
effective date is listed the date must be	specific and cannot be more than five business days prior to or 90 days after
te of filing.)	specific and cannot be more than tive business days prior to or 70 days area
67	ot meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Departme	
•	
CT T 1/1. O41	
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I has document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

BETHELIA FRANCIS

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)