

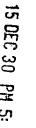
•
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enkly Hume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





12/30/15--01009--022 **125.00







COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	The Natural Way Hair Care Bout	ique				
SUBJEC	Name of	Limited Liabi	ity Company			
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.			
Please re	turn all correspondence concerning this	s matter to the	following:			
	Michelle Johnson					
		Name o	Person			
	The Natural Way Hair Care Boutiq	lue				
	Firm/Company 576 Bahia Cir, Apt.A, Address					
	Ocala, FL 34472					
	michelle-l-johnson@hotmail.com	City/State a	nd Zip Code			
	E-mail address: (to be u	ised for future	annual report notification)			
For further	information concerning this matter, p	lease call:				
	Michelle Johnson	352 t (431-0836			
	Name of Person	\ 	Daytime Telephone Number			
Enclosed	is a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	: LICertif	\$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		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:

15 DEC 30 PM 5: 18

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Mailing Address

The Natural Way Hair Care Boutique, LLC.

Principal Office Address

(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:

	Timerpar Office Address.		Maning Address.		
	576 Bahia Cir, Apt. A Ocala, FL 34472		576 Bahia Cir, Apt. A Ocala, FL 34472		
tTICLE III - Registe	ered Agent, Registered Office,	& Registered Age	nt's Signature		
he Limited Liability C	Company cannot serve as its own	Registered Agent.	You must designate an individual or		
other business entity	with an active Florida registration	on.)			
•		,			
•	· ·	,			
•	la street address of the registere	,			
•	· ·	,			
•	la street address of the registere	,	<u>-</u>		
•	la street address of the registere	d agent are: Name			
•	la street address of the registere	d agent are: Name	cceptable)		
•	Michelle Johnson 576 Bahia Cir, Apt.	d agent are: Name	acceptable)		

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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)



Δ	R1	ľ	C	LE.	IV.	

The name and address of each person authorized to manage and control the Limited Liad Street 13

Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Michelle Johnson 576 Bahia Cir, Apt. A Ocala, FL 34472	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of fill (If an effective date is listed, the date must be specifithed date of filing.) Note: If the date inserted in this block does not meet	ic and cannot be more than five but t the applicable statutory filing requi	siness days prior to or 90 days after
the document's effective date on the Department of S ARTICLE VI: Other provisions, if any.	state's records.	
This document is executed I am aware that any false inf	per or an authorized representative in accordance with section 605.0203 formation submitted in a document to lony as provided for in s.817.155, F.	3 (1) (b), Florida Statutes. o the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)