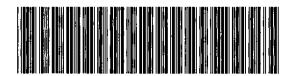
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Professional Cosmetalogy Services, "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:
Pamela L. Reed Name of Person
Professional Cosmetology Services, "LLC."
Firm/Com pl ný
6386 Trimpe Lane
Address
Jacksonville, Florida 32222 City/State and Zip Code
City/State and Zip Code
Pro cosmeto logy services e yah oo. com E-mail address (to be used for future annulal report notification)
For further information concerning this matter, please call:
Pamela L. Reed at 904 536.7206 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status S130.00 Filing Fee Status S155.00 Filing Fee Status S

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - Name: The name of the Limited Liability Company is:	Effective Date	March	1,2016
Professional Cosmetology (Must end with the words "Limited Lial	Services "LLC". bility 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:	
	Mailing Address: 6386 Trimpe Lan Jacksonville, Horida	<u>e</u> 32222	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)		an individual o	r
The name and the Florida street address of the registered age Teffery R Name 6386 Trimpe La	red	15 DEC 31	
Florida street address (P.O. Box NC			
<u> Tacksonville</u>	FL OFFICE Zip	NON NIS	of chicken
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligate Chapter 6	appointment as registered agent ar Il statutes relating to the proper and ions of my position as registered ag	id agree to act i complete perfor	n this rmance
Registered Agent's Signature	(REQUIRED)		
, respective respent a distinute	(Land of Marie)		
(CONTINUED)	1		

Page 1 of 2

"MGR" = Manager "MGR" Pamela L. Reld 10386 Trimpe Lane Jacksonville, Florida 32222 Teffery Red 6386 Trimpe Lane Jacksonville, Florida 32222 n/a n/a n/a	Title:	Name and Address:	
AMBR" AMBR AMBR	"AMBR" = Authorized Member	7	
Tacksonville, Florida 32222 Jeffery Reed G386 Thinge Lane Jacksonville, Florida 32222 n/a N/a (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: March 1 2016 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) PAME A		famela L. Reed	
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ARTICLE IV-

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