

L160000004475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

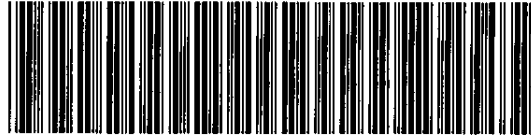
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
15 DEC 31 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

md 1/12

DATE 12/28/15

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: HairFX Studio of Hair Design LLC

I have enclosed the original and one copy of the Articles of Organization. You will also find my check for \$155.00 to cover the cost of the Filing Fees, Certified Copy of the Articles of Organization and Fee for Registered Agent Designation for the above named LLC.

Sincerely,

X 
Susan Murphy

Please send accepted Articles of Organization to the following address:
Susan Murphy
430 SW 47th St., Cape Coral, FL. 33914

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is:
HairFX Studio of Hair Design LLC

ARTICLE II -Address:

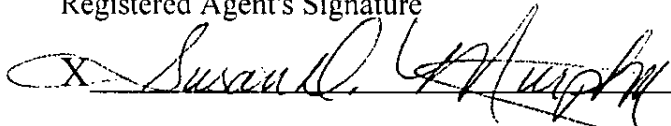
The mailing address and street address of the principal office of the Limited Liability Company is:
430 SW 47th St., Cape Coral, FL. 33914

ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Susan Murphy
430 SW 47th St., Cape Coral, FL. 33914

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.

Registered Agent's Signature

X 

Article IV Manager(s) or Managing Member(s)

Title

Name and Address

AMBR

Susan Murphy
430 SW 47th St., Cape Coral, FL. 33914

Article V -Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

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ARTICLE V: Effective Date

The effective date is January 1st, 2016

Signature of a member or an authorized representative of a member

X. *Susan R. Murphy*

(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.)

Susan Murphy

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA