

L 160000 86484

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

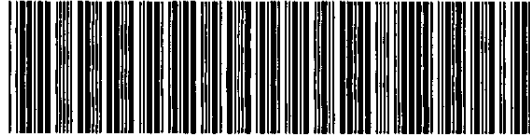
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W16-23633



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03/22/16--01027--027 **160.00

FILED
16 MAY -4 PM 4:16
CIVIL & CRIMINAL
CLERK'S OFFICE
COURT HOUSE
1000 E. 10TH AVE
DENVER, CO 80202

EFFECTIVE DATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2016

ROBERT MILLER
4320 DEERWOOD LAKE PARKWAY
JACKSONVILLE, FL 32216

SUBJECT: CLASSY, ELITE AND OFFICIAL (C.E.O.) VIRGIN HAIR, LLC
Ref. Number: W16000023633

We have received your document for CLASSY, ELITE AND OFFICIAL (C.E.O.) VIRGIN HAIR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 016A00006547

W16 0000 23633

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSY, ELITE, OFFICIAL VIRGIN 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:

ROBERT MILLER

Name of Person

4320 DEERWOOD LAKE PARKWAY

Firm/Company

SUITE 101, UNIT 507

Address

JACKSONVILLE, FLORIDA 32216

City/State and Zip Code

CEO4SUNBIZ@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MILLER

904

998- 2000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional 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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

W16000023633

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASSY, ELITE, OFFICIAL VIRGIN HAIR, LLC.

(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:

Principal Office Address:

4320 DEERWOOD LAKE PARKWAY
SUITE 101, UNIT 507
JACKSONVILLE, FL 32216

Mailing Address:

4320 DEERWOOD LAKE PARKWAY
SUITE 101, UNIT 507
JACKSONVILLE, FL 32216

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROBERT MILLER

Name

4320 DEERWOOD LAKE PKWY, SUITE 101, UNIT 507

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

JACKSONVILLE FLORIDA 32216

City

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY -4 PM 4:16
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

W16 000 23633

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ROBERT MILLER

4320 DEERWOOD LAKE PKWY, 101, UNIT 507
JACKSONVILLE, FLORIDA 32216

AMBR

ADRIENNE MILLER

4320 DEERWOOD LAKE PKWY, 101, UNIT 507
JACKSONVILLE, FLORIDA 32216

BLANK

BLANK

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: BLANK (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

-NONE-

REQUIRED SIGNATURE:


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 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.

ROBERT MILLER

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)

\$ 5.00 Certificate of Status (Optional)