

L16000121282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

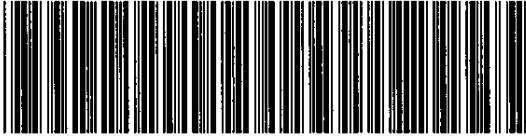
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/21/16--01031--017 **160.00

16 JUN 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

06/29/16

Victoria Zavala
4346 Melaleuca Trail
West Palm Beach, FL 33406
561-252-7187

June 20, 2016

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

RE: Dissolution of Rosetta's Barbershop & Hairstyling, INC
Document No: P16000052111

To whom it may concern:

Please be advised that I have dissolved by e-filing the above-referenced CORPORATION. I have no intention of reinstating the dissolved corporation. Please make the above-referenced name available.

Sincerely,

A handwritten signature in cursive script that reads "Victoria Zavala". The signature is written in black ink and is positioned above the printed name.

Victoria Zavala

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rosetta's Barbershop & Hairstyling, 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:

Victoria Zavala
Name of Person

Firm/Company

4346 Melaleuca Trail
Address

West Palm Beach, FL 33406
City/State and Zip Code

vickyzavala52@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicky Zavala at (561) 252-7187
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rosetta's Barbershop & Hairstyling, 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:

3421 Woolbright Road
Boynton Beach, FL 33436

Mailing Address:

3421 Woolbright Road
Boynton Beach, FL 33436

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:

Victoria Zavala

Name

4346 Melaleuca Trail

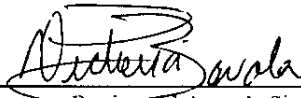
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33406

City State Zip

16 JUN 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Victoria Zavala
4346 Melaleuca Trail
West Palm Beach, FL 33406

(Use attachment if necessary)

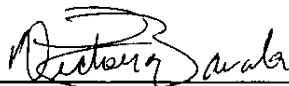
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Victoria Zavala

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)