

L16000124456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

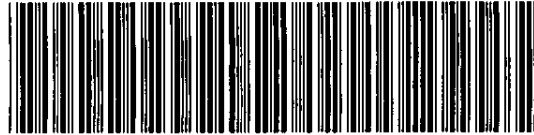
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200287603282

RECEIVED  
TALLAHASSEE, FLORIDA

16 JUL -6 PM 1:47

RECEIVED  
AND  
FILED

07/06/16--01018--009 \*\*\*130.00

RECEIVED  
TALLAHASSEE, FLORIDA  
SUFFICIENTLY OF FILING

16 JUL -6 PM 1:22

RECEIVED  
DEPARTMENT OF STATE

15  
7/6/16

APPROVED  
AND  
FILED

COVER LETTER

16 JUL -6 PM 1:47

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Confidence Cuts Barber Shop  
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:

Sherman L. Williams  
Name of Person

Firm/Company

2892 Gulfwind Dr. W  
Address

Tallahassee FL 32303  
City/State and Zip Code

shom-williams@yahoo.com

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

For further information concerning this matter, please call:

Sherman Williams (850) 545-2998  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☒ \$150.00 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

APPROVED  
AND  
FILED

16 JUL -6 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Confidence Cuts Barbershop L.L.C.

(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:

1525 W. Thorpe St.  
Unit 2  
Tallahassee FL  
32303

Mailing Address:

Sherman Williams  
2892 Gulfwind Dr. W  
Tallahassee FL  
32303

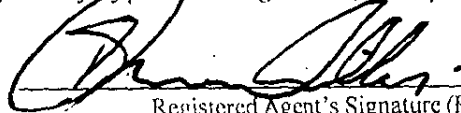
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Sherman L. Williams  
Name  
1525 W. Thorpe St.  
Unit 2 Tallahassee, FL 32303  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32303  
City State Zip

Having been named as registered agent and to accept service of process for the above noted 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)

APPROVED  
AND  
FILED

16 JUL -6 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MEM

Sherman L. Williams  
2892 Gulf Road Dr. W.  
Tallahassee FL  
32303

(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:

*Sherman L. Williams*

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.

Sherman L. Williams

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)