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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUL 13 AM 8:18
U.S. DISTRICT COURT
MIDDLESEX COUNTY, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFF5th Aveune Salon

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Patti Wood

(Contact Person)

OFF 5th Avenue Salon

(Firm/Company)

3931 Riverview Blvd

(Address)

Bradenton, FL 34209

(City, State and Zip Code)

PWOOD4@VERIZON.NET

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Patti Wood

at (941) 3562490

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

PATTIE WOOD
3931 RIVERVIEW BLVD
BRADENTON, FL 34209

SUBJECT: OFF 5TH AVENUE SALON LLC
Ref. Number: W16000046281

RECEIVED
16 JUL 13 AM 11:19
TALLAHASSEE, FLORIDA

We have received your document for OFF 5TH AVENUE SALON LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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: 816A00013822

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OFF 5TH Avenue Salon 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:

3931 Riverview Blvd

Bradenton, Fl 34209

Mailing Address:

3931 Riverview Blvd

Bradenton, Fl 34209

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:

Patti Wood

Name

3931 Riverview Blvd

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

Bradenton.

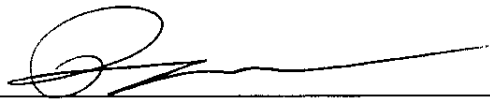
City

FL 34209

Zip

FILED
16 JUL 13 AM 8:18
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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)

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

MGR

Bradenton, Fl 34209

Source: <http://www.fishbase.org>

Figure 6

100


Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

(Use attachment if necessary)

(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.

SIGNATURE:


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.

Patti Wood

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) **\$ 5.00 Certificate of Status (Optional)**