

L17000090206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

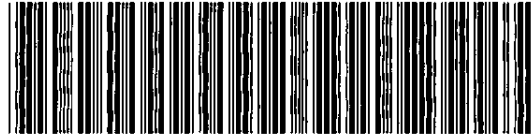
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17 APR 24 PM 12:48

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
17 APR 24 PM 11:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beauty Time Hair & Express 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:

Yurakadesia Demous  
Name of Person  
Beauty Time Hair & Express LLC.  
Firm/Company  
2214 North Monroe Street  
Address  
Tallahassee, Florida 32303  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BeautyTime Hair & Accessories 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:

2214 North Monroe St.  
Tallahassee, Fla 32303

Mailing Address:

2214 North Monroe St.  
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:

Yurakadesia Demous

Name

2214 North Monroe Street

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

Tallahassee Florida 32303

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.

Yurakadesia Demous

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 24 PM 11:00

**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:**

Michael M. Pleas (manager)  
2214 North Monroe St.  
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:**

Yurakadesia Demous

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.

Yurakadesia Demous

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)

FOR _____		<b>Urgent</b> <input type="checkbox"/>
DATE _____		TIME _____
<b>While You Were Out</b>		
M <u>Yuraka Demous</u>		
OF _____	<input type="checkbox"/> TELEPHONED <input type="checkbox"/> CAME TO SEE YOU <input type="checkbox"/> RETURNED YOUR CALL <input type="checkbox"/> PLEASE CALL <input type="checkbox"/> WILL CALL AGAIN <input type="checkbox"/> WANTS TO SEE YOU	
PHONE <u>850 264 8381</u>		
CELL _____		
FAX _____		
<b>Message</b>		
<u>Express to Accessories</u>		
<u>L17-90206</u>		
<u>change the last part of</u>		
<u>the name</u>		
<u>She is coming back make</u>		
<u>sure you call or talk to</u>		
<u>her today</u>		
A 9711 T-3002	SIGNED	<i>[Signature]</i>