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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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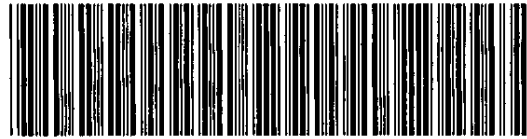
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 MAY - 9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debbie's Hair Pampering, 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:

Debra H. Poli
Name of Person

Debbie's Hair Pampering, LLC
Firm Name
482 U.S. Hwy One Unit 6
273 Columbus St.
Address

Sebastian FL 32958

cdpoli273@aol.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra H. Poli at (772) 308-0252
Name of Person area code daytime 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 enclosed)

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

Street/Courier Address
Registration Section
Divisions 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:

Debbie's Hair Pampering, 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:

482 U.S. Hwy One Unit 6
~~273 Columbus Street~~
Sebastian FL 32958

Mailing Address:

273 Columbus Street
Sebastian FL 32958

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:

Debra H. Poli

Name

273 Columbus Street

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

Sebastian, Florida

City

32958

Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above state 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.

Debra H. Poli
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

Name and Address:

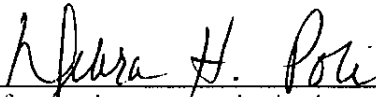
Debra H. Poli MGR

273 Columbus Street
Sebastian, Florida 32958

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Debra H. Poli

Typed or Printed Name of Signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designated Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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