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COVER LETTER

TO: New Filing Section Division of Corporations	
CHIXX HAIRBOWS, 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:	
STUART E. GOLDBERG	
Name of Person	
LAW OFFICES OF STUART E. GOLDBERG, PL	
Firm/Company	
POST OFFICE BOX 12458	
Address	
TALLAHASSEE, FL 32317-2458	7- O
City/State and Zip Code sgoldberg@stuartgoldbergpl.com	कर्डि
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
STUART GOLDBERG 850 222-4000 $\stackrel{\cdot \cdot \cdot}{ }$	
Name of Person Area Code Daytime Telephone Number	, a
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status Status Status 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 Street Address New Filing Section Division of Corporations	

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

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

ARTICLES OF ORGANIZATION

OF

CHIXX HAIRBOWS, L.L.C.

The undersigned, under the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

Article I. Name

The name of this limited liability company is Chixx Hairbows, L.L.C. ("the Company").

Article II. Duration

Unless earlier terminated under the law or the Operating Agreement, the duration of the Company shall be perpetual.

Article III. Address of Principal Office

The street address and the mailing address of the principal office of the Company is 7940 Briarcreek Road South, Tallahassee, Florida 32312.

Article IV. Initial Registered Agent and Address

The name and street address of the initial registered agent of the Company is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

Article V. Admission of Additional Members

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or to become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

Article VI. Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company, provided that all remaining members consent to the continuation and there is at least one remaining member.

rticles of Organization

Article VII. Management

Management of the Company shall be reserved to the members. The name and address of the sole member of the Company are:

Shelly A. Griffin 7940 Briarcreek Road South Tallahassee, Florida 32312

Article VIII. Indemnification

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent possible under the law.

Under penalties of perjury, I, Shelly A. Griffin, declare that I have read the foregoing Articles of Organization and the facts stated in it are true.

Signed at Tallahassee, Leon County, Florida, on the 31 day of May, 2017.

Shelly A. Griffin, Sole Member

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113 of the Florida Statutes (2015), the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is Chixx Hairbows, L.L.C.
- 2. The name and address of the registered agent and office is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed at Tallahassee, Leon County, Florida, on the ______ day of May, 2017.

Stuart E. Goldberg