

L18000005535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

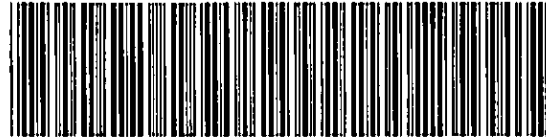
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

JAN 9 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SELPHNESS HAIR STUDIO 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:

NICOLE SELPH
Name of Person

SELPHNESS HAIR STUDIO LLC
Firm/Company

4331 LINWOOD ST.
Address

SARASOTA, FL 34232
City/State and Zip Code

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

For further information concerning this matter, please call:

NICOLE SELPH at (941) 685-7137
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

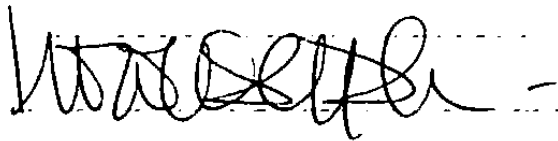
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

January 4, 2018

To Whom It May Concern,

I, NICOLE SELPH, am writing to affirm that I will not revoke the recent dissolution of my old business, SELPHNESS HAIR STUDIO LLC. I give permission and release the name, SELPHNESS HAIR STUDIO LLC, to be used in the new filing.

Sincerely,



NICOLE SELPH

(941) 685-7137

NICOLEMARIESRQ@GMAIL.COM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SELPHNESS HAIR STUDIO LLC

(Must contain 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:

4331 LINWOOD ST.
SARASOTA, FL
34232

Mailing Address:

4331 LINWOOD ST.
SARASOTA, FL
34232

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:

NICOLE SELPH
Name

4331 LINWOOD ST.
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, FL 34232
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR
MGR

Name and Address:

NICOLE SELPH
4331 LINWOOD ST.
SAFASOTA, FL. 34232

(Use attachment if necessary)

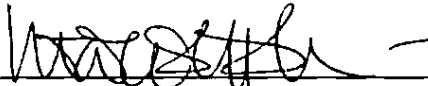
ARTICLE V: Effective date, if other than the date of filing: 01/04/18 (OPTIONAL)

(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:



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.

NICOLE SELPH

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)