

**LI 000049659**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000066000 3)))



H190000660003ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
17IAN'S HAIRNER91 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
19 FEB 26 AM 10:04  
RECEIVED BY OF 35112  
11 AMASSEE FL 05110

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ILIAN'S HAIRNER9I LLC

**ARTICLE II ADDRESS**

The principal address of the Limited Liability Company is:

2001 N FEDERAL HIGHWAY, STE 208 STUDIO 14  
POMPANO BEACH, FLORIDA 33062

The mailing address of the Limited Liability Company is:

132 S CYPRESS ROAD APT 527  
POMPANO BEACH, FLORIDA 33060

**ARTICLE III REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

ILIAN TORRES  
132 S CYPRESS ROAD APT 527  
POMPANO BEACH, FLORIDA 33060

*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.*

X /s/ Ilian Torres-Cruz

ILIAN TORRES / Registered Agent's signature

FILED  
19 FEB 26 AM 10:04  
CLERK OF COUNTY  
OF DADE  
111 ANAHOFF BLVD  
MIAMI, FL 33130

PAGE 2 ILIAN'S HAIRNER91 LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

ILIAN TORRES

132 S CYPRESS ROAD APT 527

POMPAÑO BEACH, FLORIDA 33060

FILED  
19 FEB 26 AM 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....  
X /s/ Ilian Torres-Cruz

ILIAN TORRES / Authorized Representative's signature

*(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.)*