

L19000140659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R KEMPLE

JUN 3 2019



100329981471

RECEIVED
19 JUN -3 PM 2:33

FILED
19 JUN -3 PM 1:14
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/3/19

NAME: FLAWLESS HAIR TRAP LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attedge

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

ARTICLE I NAME

The name of the Limited Liability Company is:

FLAWLESS HAIR TRAP LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2215 NW 170TH TERRACE

MIAMI GARDENS, FLORIDA 33056

ARTICLE III REGISTERED AGENT

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

DERRI-ANN SPENCE

2215 NW 170TH TERRACE

MIAMI GARDENS, FLORIDA 33056

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/ Derriann Spence
DERRI-ANN SPENCE / Registered Agent's signature

FILED
19 JUN -3 PM 1:16
MIAMI GARDENS, FLORIDA

PAGE 2 FLAWLESS HAIR TRAP LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

DERRI-ANN SPENCE

2215 NW 170TH TERRACE

MIAMI GARDENS, FLORIDA 33056

AUTHORIZED MEMBER

MCQUES VIRGO

2215 NW 170TH TERRACE

MIAMI GARDENS, FLORIDA 33056

X /s/ Derriann Spence

DERRI-ANN SPENCE / 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.)

FILED
JUL 11 2012
10:11 AM
CLERK OF THE
COURT
STATE OF FLORIDA