

6/20/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

KONPA BARBER SHOP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2019 JUN 24 AM 10:26

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 24 AM 6:18
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K. PAGE

JUN 25 2019



June 24, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE

SUBJECT: KONPA BARBER SHOP, LLC
REF: W19000059095

We have received your document for KONPA BARBER SHOP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000192812
Letter Number: 219A00012694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KONPA BARBER SHOP, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:6039 MIRAMAR PARKWAYSAMEMIRAMAR, FL 33023

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:

SERGE SLANDRO VICTOR

Name

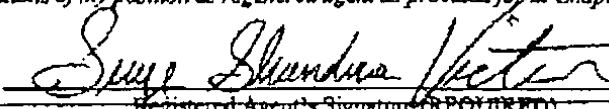
6039 MIRAMAR PARKWAYFlorida street address (P.O. Box **NOT** acceptable)MIRAMARFL33023

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)

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

Name and Address:

SERGE SLANDRO VICTOR

6039 MIRAMAR PARKWAY

MIRAMAR, FL 33023

(Use attachment if necessary)

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.)

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 8.17.155, F.S.

SERGE SLANDRO VICTOR

Typed or printed name of signee

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)