

# L19000216523

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.

((H19000264043 3))



H190002640433ABC\$

**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 : 120070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

19 SEP -3 PM 4:53  
DIVISION OF CORPORATIONS

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

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

2019 SEP -3 AM 7:31

**FLORIDA LIMITED LIABILITY CO.  
CARRIE WITH THE GOOD HAIR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C RICO  
SEP 03 2019

H19000264043 3

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

ARTICLE I: NAME

The name of the Limited Liability Company is:

CARRIE WITH THE GOOD HAIR LLC

ARTICLE II: Address

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

Street Address: 1523 Atlantic Blvd. Neptune Beach, FL 32266

Mailing Address: 340 14th Ave S APT A Jacksonville, FL 32250

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Carrie Hanson

340 14th Ave S APT A

Jacksonville, FL 32250

Having been named as registered agent 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 

Carrie Hanson

/ Registered Agent's Signature

19 SEP -3 PM 4:53  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

H19000264043 3

H19000264043 3

PAGE 2 CARRIE WITH THE GOOD HAIR LLC

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: Carrie Hanson

1523 Atlantic Blvd.

Neptune Beach, FL 32266

19 SEP -3 PM 4:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

\_\_\_\_\_

X: 

Carrie Hanson

Signature of a member or an authorized representative of a member

(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.)

H19000264043 3