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)))



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. CARRIE WITH THE GOOD HAIR LLC

ANT PROCESSOR AND	AND THE PERSONNEL PROPERTY OF THE PERSONNEL
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	S125.00

C RICO SEP 03 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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 SAPTA

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 0-#-	
Carrie Hanson	/ Registered Agent's Signature

H19000264043 3

PAGE 2 CARRIE WITH THE GOOD HAIR LLC

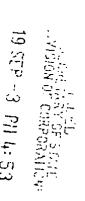
ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company. AMBR = AUTHORIZED MEMBER

MGR = MANAGER

AMBR: Carrie Hanson

1523 Atlantic Blvd.

Neptune Beach, FL 32266



		<u>ANY</u>	OTHER	PROVIS	SION O	R PUR	POSE-C	OF THE	<u>LIMITED</u>	LIABI	LITY
CON	<u> MPANY</u>										
				·							
X.	Confor						Cossia	Hanaa			
						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.)