# Electronic Articles of Organization For Florida Limited Liability Company

L19000240896 FILED 8:00 AM September 24, 2019 Sec. Of State jafason

#### Article I

The name of the Limited Liability Company is: MAGALLON BARBERSHOP LLC

#### **Article II**

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

344 EAST MAIN ST HAINES CITY, FL. 33844

The mailing address of the Limited Liability Company is:

510 N BUENA VISTA DR LAKE ALFRED, FL. 33850

#### **Article III**

Other provisions, if any:

I WILL BE OPENING A BARBERSHOP.

## **Article IV**

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

CINDY I JIMENEZ 510 N BUENA VISTA DR LAKE ALFRED, FL. 33850

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.

Registered Agent Signature: CINDY I JIMENEZ

### Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR JOSE MAGALLON 510 N BUENA VISTA DR LAKE ALFRED, FL. 33850

Title: AP

CINDY I JIMENEZ

510 N BUENA VISTA DR

LAKE ALFRED, FL. 33850

Signature of member or an authorized representative

Electronic Signature: JOSE MAGALLON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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