2000004716

(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

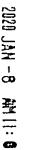
2AN 0'8 2020

T. SCOTT



300338932613

01/08/20--01018--009 **170.00



COVER LETTER

1.5

TO: New Filing Section Division of Corporations
SUBJECT: <u>OREATNESS BARBERSHOP</u> Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Barbershap Firm/Company
1350 E Mahan Dr
Tallahassee FL 32308 City/State and Zip Code Tyler. Thi 700 gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Tyler William at (786) 314-6246 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREATNESS BARBERSHOP LLC
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 1350 E Natural Dr. Tallahassee FL, 32308 Tallahassee FL, 32308
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:
THEN LONLIAMS
3215 Westrate C+
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32302/
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 turther 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	Name and Address;
"MGR" - Manager _MGR	Tyler Williams 3215 westgate
	Tyler Williams 3215 Westgate Tallahassee FL 32304
 	
(Use attachment if necessary)	
an effective date is listed, the date must be see date of filing.) ote: If the date inserted in this block does not deducted the document's effective date on the Department.	te of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	a William
This document is exec I am aware that any fal	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
	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)