

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000054257
FILED 8:00 AM
February 14, 2020
Sec. Of State
mtmoon

Article I

The name of the Limited Liability Company is:

KDLR BEAUTY LABS LLC

Article II

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

5678 SAILFISH DR
APT A
LUTZ, FL. 33558

The mailing address of the Limited Liability Company is:

5678 SAILFISH DR
APT A
LUTZ, FL. 33558

Article III

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

KRISTIN RENTA MEMBER
5678 SAILFISH DR
APT A
LUTZ, FL. 33558

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: KRISTIN RENTA

Article IV

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

Title: MGR
KRISTIN RENTA MEMBER
5678 SAILFISH DRIVE APT A
LUTZ, FL. 33558

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Article V

The effective date for this Limited Liability Company shall be:

02/07/2020

Signature of member or an authorized representative

Electronic Signature: KRISTIN RENTA

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.

L2000054257

Lloyd Robinson

3686 SW Viceroy St

Port St Lucie FL, 34953

January 31, 2020

Dept. of Corporation

State of Florida

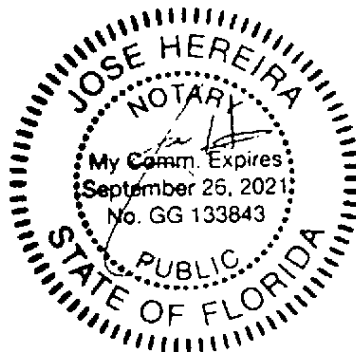
Tallahassee, FL

Tracking: 200340105102

I am Lloyd Robinson, the original owner of the business with the name All Horizon Financial Services Corp. I wish to incorporate All Horizon Financial Services as a new business. I authorize the State of Florida, Department of Corporation to proceed with incorporation.


Lloyd G Robinson

President





Acknowledgment by Individual

State of

Florida

County of

Polk Beach

On this 13 day of February 20 20 before me, Jose Hereira

Name of Notary Public

the undersigned Notary Public, personally appeared

Lloyd G Robinson

Name of Signer(s)

Proved to me on the oath of

Personally known to me

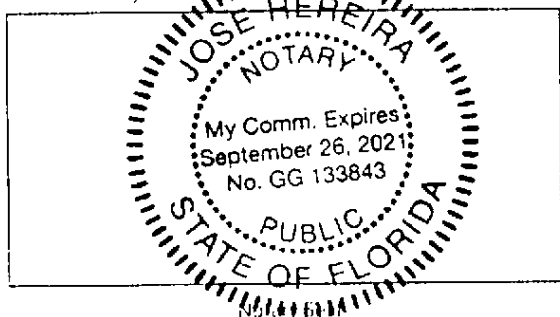
✓ Proved to me on the basis of satisfactory evidence

Florida Driver License

(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand



(Signature of Notary Public)

My commission expires

09/26/21

Optional. A thumbprint is only needed if state statutes require a thumbprint

Right Thumbprint of Signer
Top of thumb here

For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Letter

Document Date

01/31/20

Number of Pages

1

Signer(s) Other Than Named Above



FO01-000001DSG5350-01