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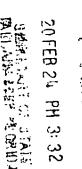
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COVER LETTER

10	Division of Co				
SHRIF	FRIDA'S	HAIR STUDIO LLO	C		
SOBJE		Name	e of Limited Lia	bility Company	
The enc	losed Articles of	Organization and fo	ce(s) are submit	ted for filing.	
Please r	eturn all corresp	ondence concerning	this matter to th	ne following:	
	DIEGO E A	ARBELAEZ			
			Name	of Person	- -
	DIEGO E A	RBELAEZ EA			
•			Firm/	Сотраву	
	809 DRUID	HILLS RD			
			Au	Idress	,
•	TÉMPLE T	ERRACE FL 3361	7		
	DIEGO_AR	BELAEZ_7@HOT	-	and Zip Code	
	-	E-mail address; (to b	e used for futur	e annual report notilicat	ion)
For furthe	r information ee	neerning this matter	; please call:		
	DIEGO ARE	BELAEZ	813	244-1841	,
	Nan	ne of Person		Daytime Telephon	
Enclosed	f is a check for t	he following amoun	t:		
□\$125.	00 Filing Fee	■\$130.00 Filing Certificate of Sta	aus Cer	155,00 Filing Fee & tified Copy onal copy is enclosed)	□\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address illing Section on of Corporations fox 6327 assec, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabil	ity Company is:		
FRIDA'S HAIR STUDIO	LLC		
(Must con	atin the words "Limite	d Liability Con	npany, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street a	address of the principa	Loffice of the L	limited Liability Company is:
Princip	pal Office Address:		Mailing Address:
1801 THONOTOSASS	A RD		Mailing Address: 18931 WOOD SAGE DRIVE TAMPA FL 33647
SUITE 1			
PLANT CITY FL 33563	· · · · · · · · · · · · · · · · · · ·	 _	TAMPA FL 33647
The name and the Florida street	NOELIA RAMIREZ	Name	
	18931 WOOD SAGE	DRIVE	
	Florida street addr	ess (P.O. Box	NOT acceptable)
	TAMPA	FL	33647
	City	State	Zip
place designated in this certificate further agree to comply with the p	 I hereby accept the approvisions of all statutes bligations of my position 	oppointment as re- relating to the m as registered	i for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-

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

<u> </u>	COLD OF TAXABLE CO.	
	Authorized Member	
"MGR" = Ma	mager	
MGR		NOELIA RAMIREZ
		18931 WOOD SAGE DRIVE
•		TAMPA FL 33647
-		·
		
		
an effective date is	e date, if other than the date listed, the date must be sp	e of filing: MARCH 1, 2020 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)