

L20000141381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

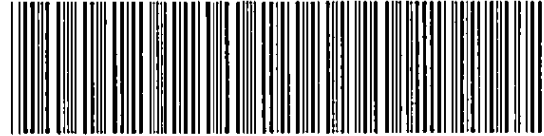
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600345605516

06/02/20--01003--009 **125.00

2020 JUN - 1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN - 1 AM 9:08

FILED

N C 1111
JUN - 1 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

125.

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 06/01/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. ALPHA LUXURY HAIR LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ALPHA LUXURY HAIR
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:

TAHNA DODD- RUISE
Name of Person
ALPHA LUXURY HAIR LLC
Firm/Company
6039 CYPRESS GARDENS BLVD SUITE 584
Address
WINTER HAVEN , FL 33884
City/State and Zip Code
INFO@ALPHALUXURYHAIR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAHNA DODD- RUISE 813 263-7396
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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

FILED

2020 JUN -1 AM 9: 08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA LUXURY HAIR LLC

(Must contain 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:

6039 CYPRESS GARDENS BLVD

SUITE 584

WINTER HAVEN, FL 33884

Mailing Address:

6039 CYPRESS GARDENS BLVD

SUITE 584

WINTER HAVEN, FL 33884

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:

TAHNA DODD- RUISE

Name

6039 CYPRESS GARDENS BLVD STE 584

Florida street address (P.O. Box **NOT** acceptable)

WINTER HAVEN

FL

33884

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 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2020 JUN - 1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

TAHNA DODD- RUISE
6039 CYPRESS GARDENS BLVD STE 584
WINTER HAVEN, FL 33884

(Use attachment if necessary)

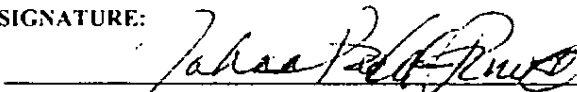
ARTICLE V: Effective date, if other than the date of filing: 5/29/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

TAHNA DODD- RUISE

Typed or printed name of signer

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)