Electronic Articles of Organization For Florida Limited Liability Company

L20000144034 FILED 8:00 AM May 27, 2020 Sec. Of State tscott

Article I

The name of the Limited Liability Company is:

FAMILY HAIR STUDIO LLC

Article II

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

6777 NW 7 AVE SUITE 7 MIAMI, FL. US 33150

The mailing address of the Limited Liability Company is:

6777 NW 7 AVE SUITE 7 MIAMI, FL. US 33150

Article III

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

SALVATORE LOMBARDO 3325 GRIFFIN ROAD, SUITE 7 FORT LAUDERDALE, FL. 33312

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: SALVATORE LOMBARDO

Article IV

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

Title: MGR

MONICA CANALES 6777 NW 7 AVE, STE 7 MIAMI, FL. 33150 US

Title: MGR

RAPHAEL JOHNSON 6777 NW 7 AVE, STE 7 MIAMI, FL. 33150 US

Title: MGR

CHARLIE QUINTERO 6777 NW 7 AVE, STE 7 MIAMI, FL. 33150 US

Article V

The effective date for this Limited Liability Company shall be:

05/27/2020

Signature of member or an authorized representative

Electronic Signature: MONICA CANALES

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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