7/14/2020

Division of Corporation 2 Plorida Department of State

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ſo:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HOMSI LAW, P.A. Account Number : I20190000004

Fax Number

Phone : (407)377-5507 : (407)377-5967

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. CAL'S BARBERSHOP AT LAKE SUMTER LANDINGS 2, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

FOR

CAL'S BARBERSHOP AT LAKE SUMTER LANDINGS 2, LLC

ARTICLE I

The name of the Limited Liability Company is:

CAL'S BARBERSHOP AT LAKE SUMTER LANDINGS 2, LLC

ARTICLE II

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

17463 SE 116TH COURT RD. SUMMERFIELD, FLORIDA 34491

The mailing address of the Limited Liability Company is:

17463 SE 116TH COURT RD. SUMMERFIELD, FLORIDA 34491

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

SECRETARY OF STATE TALLAHASSEE, FLORING

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ARTICLE V

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

MARSHA RENEE' WEBB 17463 SE 116¹¹¹ COURT RD. SUMMERFIELD, FLORIDA 34491

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.

Signature of Registered Agent:

Marsha Rence! Webb

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

Operating Manager:

Marsha Renec' Webb Vickie Langford

Vice Operating Manager: Secretary:

Marsha Renee! Webb

Treasurer:

Marsha Renee' Webb

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members 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 \$.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.