# L200020207562

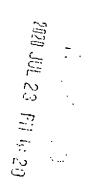
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Business Entity Name)  (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
When Done

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2920 JUL 23 PH 2: 52

SECRETARY OF STATE

- 27.20

# COVER LETTER:

Division of Corporations	
SUBJECT: The Hair Key LLC Name of Limited Liability Comp	rany
The enclosed Articles of Organization and fee(s) are submitted for filing	<u>4</u> .
Please return all correspondence concerning this matter to the following	g.
Keyerra Wright Name of Person	
The Hair Key	
1700 Joe louis St.	Apte
Tallahassee, FL City/State and Zip Co Shadonna. Wright 2900	32304 gmail.com
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	
Keyerra Wright at (850) 21  Name of Person Area Code Days	2-3140 ime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee  Certificate of Status  Certified Copy  C	Certificate of Status &

# 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

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	F 1 -	Numer
$\alpha n n n n n$		1 1111

The name of the Limited Liability Company is:

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:

Mailing Address:

Talla, FZA 32304

Tallahassee, FL 32304

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:

Name

1700 be louis St Apt 8

Florida street address (P.O. Box <u>NOT</u> acceptable)

anasie (

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 (REQUIF

(CONTINUED)

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SECRETARY OF STATE

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1/ 1/4
MER	Keyerra Wright
	J
	Mw be louis St Apt 8
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the o	late of filing:
	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	of meet the applicable statutory fifting requirements, this date will not be listed a
the document's effective date on the Departme	ent of State's records.
ARTICLE VI: Other provisions, if any.	
Art (CDI) VI, Onlot provisions, it day.	
3	
<u>required</u> signatur <b>ę</b> :/	
	lue Mint
Signature of a	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I his document is ex-	alse information submitted in a document to the Department of State
constitutes a third de	gree felony as provided for in s.817.155, F.S.
. /	
	Yerra Wright  Exped or printed name of signer
	r viscos da tarbited abbite da sauneir

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 $\frac{Filing\ Fees:}{\text{S125.00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$ 

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)