Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **DILY HAIR LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|-------|
| Dily HAIR LCC | - |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability | |
| Company is: 2675 SW D8AUE APT A | _ |
| 2675 SW 28 AVE APT A Miami F1 33133 | _ |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Livited Liability Company cannot serve as its own Ragistered Agent. You must designate an individual or another business entity with an active Florida registration.) After Alteria Ford Agent. You must designate an individual or another business entity With an active Florida registration.) After Agent Agent. You must designate an individual or another business entity With an active Florida registration.) FOR TUP A MIAMI FI 33133 | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | |
| RAFAEL ARTURD FORTUNY & STATE OF THE STATE O | |
| No. of the second secon | न |

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

RAFAEL ARTURO FORIUNY

Typed or printed name of signee

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)

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TALLAHASSEE FLORIDA