

L20000291447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

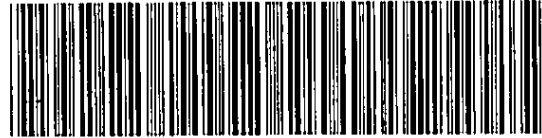
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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08/05/20 11:10:00 AM \$4.60.00

W20000291447

CLERK OF COURT
TALLAHASSEE, FLORIDA

2020 SEP -8 PM 3:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2020

ASHLEY M DEGIDIO
3811 UNIVERSITY BLVD., W #28
JACKSONVILLE, FL 32217

SUBJECT: THE SOLSTICE HAIR BOX LLC
Ref. Number: W20000094714

FILED
2020 SEP -8 PM 3:38
TALLAHASSEE, FLORIDA

We have received your document for THE SOLSTICE HAIR BOX LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an address for Ashley M Degidio in Article IV section of this filing.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson
Regulatory Specialist II

Letter Number: 720A00016250

2020 SEP -8 PM 3:08
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Solstice Hair Box LLC

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:

Ashley M Degidio

Name of Person

The Solstice Hair Box LLC

Firm/Company

3811 University blvd W #28

Address

Jacksonville FL 32217

City/State and Zip Code

thesolsticehairbox@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley M Degidio

904

563-0610

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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

2020 SEP -8 PM 3:38
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Solstice Hair Box 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:

3811 University Blvd W #28
Jacksonville FL 32217

Mailing Address:

3811 University Blvd W #28
Jacksonville FL 32217

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:

Ashley M Degidio

Name

1300 shetter ave apt 3202

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

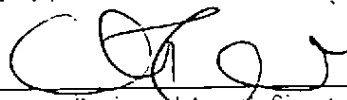
Jacksonville Beach fl 32250

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR Ashley M Degidio

1300 Shetter Ave Apt 3202
Jacksonville Beach FL 32250

(Use attachment if necessary)

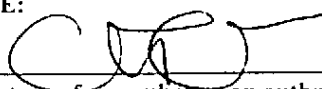
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Ashley Degidio

Typed or printed name of signee

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)

FILED
2020 SEP -8 PM 3
TALLAHASSEE, FLORIDA