Division of Corporations Electronic Filing Cover Sheet

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	rax number	: (850)617-6381
From:		
	Account Name	: ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
22	Account Number	: 120070000019
	Phone	: (518)689-1212
-77	Fax Number	: (518)432-0742
		` '
-		
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. ann	ual report maili	ngs. Enter only one email address please.**
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FLORIDA LIMITED LIABILITY CO.

Phive Ten The Salon LLC

Certificate of Status	1
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Articles of Organization

for

Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

Phive Ten The Salon LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

11309 Square Street Suite 7203, Jacksonville, FL 32256

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Jasmine Scott 11309 Square Street Suite 7203, Jacksonville, FL 32256

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

Jasmine Scott, Authorized Representative 11309 Square Street Suite 7203, Jacksonville, FL 32256

September 28, 2020

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..

s/Jasmine Scott
Jasmine Scott
Registered Agent

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.

<u>s/Jasmine Scott</u> Jasmine Scott **Authorized Representative**