

L200000 309950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

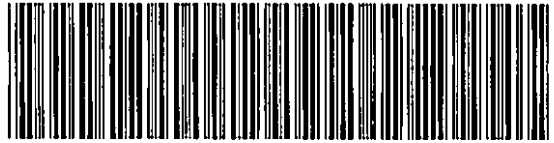
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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155.00

STATE OF ARIZONA
SECRETARY OF STATE

2020 SEP -9 AM 8:07

FILED

Edward L. Stahley, P.A.
Attorney at Law

150-D Fortenberry Road
Merritt Island, FL 32952

TELEPHONE (321)453-3602
e-mail: edstahley@cfl.rr.com

FAX (321)453-3678

September 15, 2020

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Hair by Arliece, LLC
Our File No. 20-48

Dear Madame:

Enclosed find Articles Of Organization for Hair by Arliece, LLC, which we desire to incorporate under the laws of the State of Florida. We are also enclosing herewith a certificate designating place and agent for service of process, along with our check in the amount of \$155.00 to cover the following incorporation fees:

Filing Fee	\$100.00
Certified Copy	30.00
Registered Agent Designation	\$ 25.00

Please attach your certificate to the enclosed copy of the Articles Of Organization, returning same to me at your earliest convenience.

With kindest regards, I remain

Very truly yours,



Edward L. Stahley

ELS/vjr

Enclosures

FILED
2020 SEP -9 AM 8:07
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

The name of the Limited Liability Company is: HAIR BY ARLIECE, LLC.

ARTICLE II - ADDRESS:

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

2255 N. Wickham Road
Melbourne, FL 32935

ARTICLE III - REGISTERED AGENT:

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

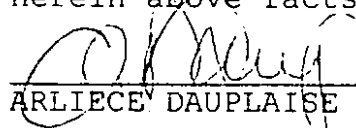
ARLIECE DAUPLAISE
179 Richardson St. SE
Palm Bay, FL 32909

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members.

Under the penalties of perjury, the herein above facts are true.

Dated: 9/15/2020


ARLIECE DAUPLAISE

2020 SEP -9 AM 8:07
Arliece Dauplaise

FILED

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is HAIR BY ARLIECE,
LLC.
2. The name and the Florida street address of the registered
agent is:

ARLIECE DAUPLAISE
179 Richardson St. SE
Palm Bay, FL 32909

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 and complete the
performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.

Dated: 09/15/2020

(Signature)
ARLIECE DAUPLAISE

2020 SEP -9 AM 8:07
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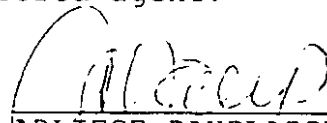
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Q

Dated:

9/15/2020


ARLIECE DAUPLAISE

2020 SEP -9 AM 8:07
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

FILED