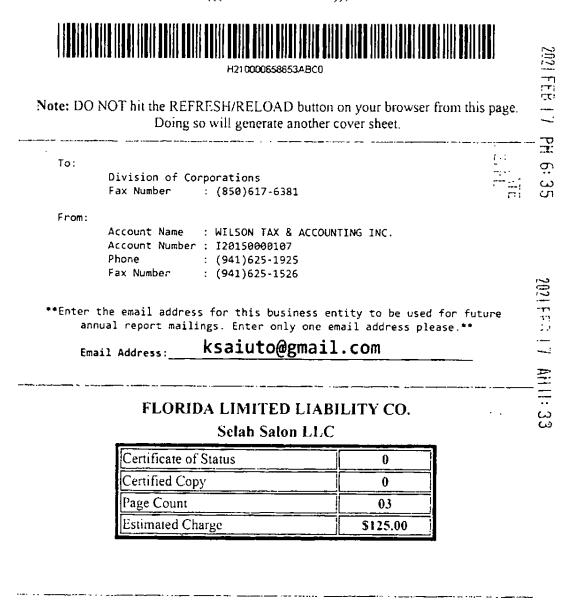
2/17/2021

Division of Corporations

Florida Disparament of State Living of Corporations Electronic riling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000065865 3)))



Electronic Filing Menu Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

Help

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: \(\frac{1}{3}\) The name of the Limited Liability Company is:	
SELAH SALON LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
2209 LYNX RUN	2209 LYNX RUN
NORTH PORT, FL 34288	NORTH PORT, FL 34288
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
The hathe and the Florida sheet hadress of the registered age.	
KELLY AIUTO	

Name
2209 LYNX RUN

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

 NORTH PORT
 FL
 34288

 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..

Kelly S. ainto

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 FEB 17 PH 6: 35

AMBR" = Authorized Member MGR" = Manager AMBR		
	KELLY AIUTO	
	2209 LYNX RUN	
	NORTH PORT, FL 34288	_
AMBR	SARAH SMITH	
	3109 TISHMAN AVE	-
	NORTH PORT, FL 34288	
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Use attachment if necessary)		
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nent's effective date on the Department of State EVI: Other provisions, if any. DIALL LAWFUL BUSINESS REQUIRED SIGNATURE:	S. Aiuto	
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