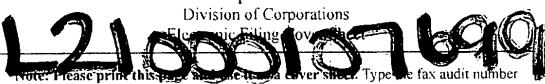
3/15/2021

Division of Corporations

## Florida Department of State



(shown below) on the top and bottom of all pages of the document.

(((H210001033143)))



H210001033143ABCP

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

## Fatboi's Cuts LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	n <del>\$</del>
Fatboi's Cuts LLC	
(Must conatin the words "Limited Liability (	'ompany, "L.L.C" or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
5750 NW 55th Ave	

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:

Ocala, Florida 34482

United States Corpo	oration Agents, Inc.	
	Miro	
5575 S Semoran BI	vd. Suite 36	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Orlando	Florida	32822
Gk/	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 Fis 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 Oxpts 605, FS

Registered Agent's Signature REQUEED

(CONTINUED)

2021 HAR 15 PH 2: 36

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Kristin J Jamicson	
	5750 NW 55th Ave Ocala, FL 34482	
		<del>.</del>
	***	
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