

L21000165880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

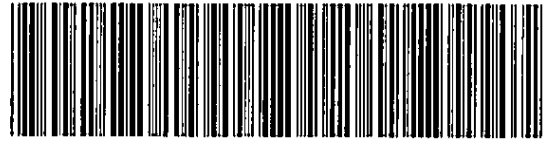
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FBI

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Donnita's Hairtique 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

Donnita Telfair

\_\_\_\_\_  
Name of Person

Donnita's Hairtique LLC

\_\_\_\_\_  
Firm/Company

8502 Grapefruit Ave

\_\_\_\_\_  
Address

Tampa, FL 33619

\_\_\_\_\_  
City/State and Zip Code

telfairdonnita1@gmail.com

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

For further information concerning this matter, please call

Donnita Telfair

813

270-2346

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 &  
Certificate of Status *money*  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certificate 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Donnita's Hairtique 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:

8502 Grapefruit Ave  
Tampa, FL 33619

Mailing Address:

8502 Grapefruit Ave  
Tampa, FL 33619

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:

Donnita Telfair

Name

8502 Grapefruit Ave

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

Tampa

FL

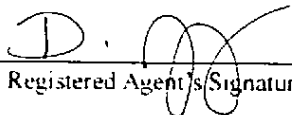
33619

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)

**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:**

MGR

Donnita Telfair

8502 Grapefruit Ave

Tampa, FL 33619

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

Donnita Telfair

Donnita Telfair

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)

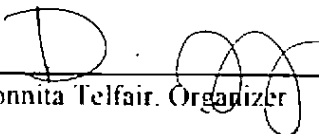
\$ 5.00 Certificate of Status (Optional)

Donnita's Hairtique LLC  
8502 Grapefruit Ave  
Tampa, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Donnita's Hairtique LLC:

Donnita Telfair  
8502 Grapefruit Ave  
Tampa, FL 33619

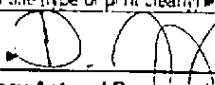
  
\_\_\_\_\_  
Donnita Telfair, Organizer

2.11.2021  
Date

Form **SS-4**  
(Rev. December 25-17)Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)► Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0023

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Donnita's Hairtigue LLC</b>							
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name <b>Donnita Telfair</b>						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>8502 Grapefruit Ave</b>	5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) <b>Tampa, FL 33619</b>	5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located <b>Hillsborough County FL</b>							
	7a Name of responsible party <b>Donnita Telfair</b>	7b SSN, ITIN, or EIN <b>XXX-XX-XXXX</b>						
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	8b If 8a is "Yes," enter the number of LLC members <b>1</b>							
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check. <input checked="" type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Group Exemption Number (GEN) if any ►							
	9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FL</b>	Foreign country						
	10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► <b>Transportation</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Created a pension plan (specify type) ►							
	11 Date business started or acquired (month, day, year). See instructions. <b>January 2021</b>	12 Closing month of accounting year <b>December</b>						
	13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td><b>0</b></td><td><b>0</b></td><td><b>04</b></td></tr></table>	Agricultural	Household	Other	<b>0</b>	<b>0</b>	<b>04</b>	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	Other						
<b>0</b>	<b>0</b>	<b>04</b>						
	15 First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <b>April 2015</b>							
	16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input checked="" type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ►							
	17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Passengers</b>							
	18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ►							
Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.							
	Designee's name (TotalLegal.com) Address and ZIP code <b>12835 NE Bel-Red Rd, Suite 130, Bellevue, WA 98005</b>	Designee's telephone number (include area code) <b>866 815-6840</b> Designee's fax number (include area code) <b>800 260-7563</b>						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>813 270-2346</b> Applicant's fax number (include area code)						
Name and title (type or print clearly) ► <b>Donnita Telfair</b>								
Signature 		Date <b>2-11-2021</b>						