

L21000172373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

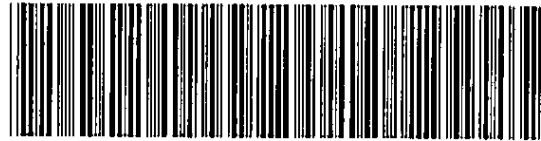
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300361773163

03/22/21--01028--017 **160.00

4/22/21
[Signature]

FILED
APR 22 PM 2:30
2021

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sassy on Fleek Hair & Boutique, 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:

Latasha L. Carter or Jessica L. Proctor

Name of Person

Carter & Proctor Holdings, Inc.

Firm/Company

1317 Edgewater Dr., Suite 2419

Address

Orlando, FL 32804

City/State and Zip Code

carter.proctor21@gmail.com

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

For further information concerning this matter, please call:

Latasha Carter 239 896-7809
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 & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified 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

FILED
JAN 13 2011
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sassy on Fleek Hair & Boutique, 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:

Mailing Address:

1317 Edgewater Dr.
Suite 2419
Orlando, FL 32804

1317 Edgewater Dr.
Suite 2419
Orlando, FL 32804

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:

Physical Address, Company Name - Kelly Miller
Name

1317 Edgewater Dr.
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32804
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)

FILED
2020
JAN 13 11:30 AM
CLERK OF COURT
JAN 13 2020

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:

CEO / COO

Latasha L. Carter
1317 Edgewater Dr., Suite 2419
Orlando, FL 32804

CEO / CFO

Jessica L. Proctor
1317 Edgewater Dr., Suite 2419
Orlando, FL 32804

(Use attachment if necessary)

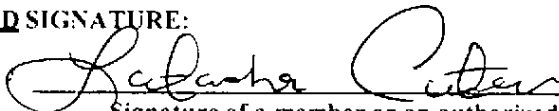
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Latasha Carter

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)

FILED
2023 JUN 23 PM 2:30
CLERK OF THE COURT
JUL 11 2023