

Aug. 12. 2021 12:10PM

Division of Corporations

No. 8656 P. 2

Page 1 of 2

H210003021073

L21000363111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H210003021073))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 610-8595

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

Email Address: DAVIDCPA@TEMPDAY-PC.COM

**FLORIDA LIMITED LIABILITY CO.
A. P. FADES BARBERSHOP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

AUG 13 2021

T. SCOT:

2021/AUG/12 PM 1:59

2021 AUG 12 AM 2:06

Electronic Filing Menu

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Help

Aug. 12. 2021 12:10PM

No. 8656 P. 1



August 12, 2021

DAVID C HASTINGS, CPA.A

SUBJECT: A.P. PADRES BARBERSHOP LLC
REF: W21000111642

FLORIDA DEPARTMENT OF STATE
Division of Corporations

*PLEASE MAKE
SURE YOU USE
THE CORRECT NAME
A.P. PADRES BARBERSHOP, LLC*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Investor not a title.,

Changed to AMBR

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000302107
Letter Number: 121A00019219

H210003021073

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A. P. FADES BARBERSHOP, 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:8700 N 50TH ST SUITE 402SAMETAMPA, FL 33617**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:

DAVID C HASTINGS CPA

Name

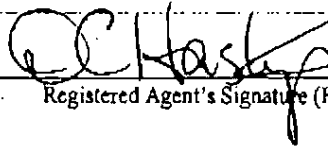
2207 54TH ST SFlorida street address (P.O. Box **NOT** acceptable)GULFPORTFL33707

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)

2021 AUG 12 AM 2:06
 DEPT. OF REVENUE
 TALLAHASSEE, FL 32310

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H210003021073

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

LARRY OLIPHANT
8700 N 50TH ST SUITE 402
TAMPA, FL 33617

INVESTOR AMBR

AYESHA MITU
12 SEAHORSE TERRACE
TERRA CEIA, FL 34250

(Use attachment if necessary)

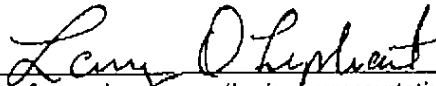
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LARRY OLIPHANT

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)

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