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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hair By Nora J LLC		
	ı:	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:	}	UCC 1 or 3 File
Name Date	Time	UCC 11 Search
name Date	Tallic	UCC Retrieval
Walk-In Will Pick Up		Courier

ARTICLES OF ORICANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

and the second s

ARTICLE! - Nume: The name of the Limited Liabili	ity Company is:			
HAIR BY NORA]				
(Must con	tain the words *Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limi	ited Liability Company is:	
Priedo	al Office Address:		Mailing Addres	<u>3</u> :
2 BAREFOOT LAN LANTANA, FL 334		<u>_</u>	4 Arad Reld Dr Somers, CT SI	100
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannol serve as its ow	n Registered Age:		idual or
The name and the Florida street a	address of the registen	ed agent are;		
	NORA JONES			
		Name		
	2 BAREFOOT LA	ΝΈ		
	Florida street addre	ss (P.O. Box <u>NO</u> T	acceptable)	
	LANTANA	FL	33462	
	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)

题 507 16 出口: 25

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MCR	NORA JONES 2 BAREFOOT LANE LANTANA FL 33162
	
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(Use attachment (f necessary)	
CLE V: Effective date, if other than the da effective date is listed, the data must be a	ee of Sling:
CLEV: Effective date, if other than the da effective date is listed, the date must be a te of filing.)	pecific and connot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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