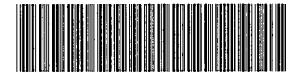
## L22000034436

(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:
Janice GAVE
Authoritic Trans by PHONE 30
correct :: Article 1 V + name
DATE 2/1/22
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Office Use Only



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## **COVER LETTER**

Division of Corporations		
SUBJECT: Ashleys B Name of Resu	erute Ilting Florida Limited Com	pany)
The enclosed Articles of Conversion. Article Business Entity" into a "Florida Limited Lia	es of Organization, and ability Company" in ac	I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all correspondence concerning	this matter to:	
Janice A Brown (Contact Person)  Ashleys Beauty (Firm/Company)		
2336 Southern Ave (Address)		
Jacksonville FL 322 (City, State and Zip Code)	07	
E-mail Address: (to be used for future annual rep	Counhoc. Cor	~
For further information concerning this mat	tter, please call:	
(Name of Contact Person)	_at ( <u>904</u> ) <u>33</u> (Area Code) (Day	33 - 8985 time Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks process United States)	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\begin{align*}	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Address:		Address:
New Filing Section		Filing Section
Division of Corporations		ion of Corporations Centre of Tallahassee
P.O. Box 6327	i ne C	CHUC OF Fahahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section



February 1, 2022

JANICE A. BROWN 2336 SOUTHERN AVE JACKSONVILLE, FL 32207

SUBJECT: ASHLEY'S BEAUTY LLC

Ref. Number: W22000005554

We have received your document for ASHLEY'S BEAUTY LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the AMBR in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Letter Number: 422A00001309

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. Ashley's Boa-vey LLC  (Must contain the words) Limited Liability Company, "L.J.C.," or "ELC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	oany	is:
Principal Office Address: Mailing Address:		
2336 southern Ave 2336 southern Ave Jacksonville, FL 32207		
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:	2022 FEB	SECRE
Janice Brown Name	PH	TARY OF
Florida street address (P.O. Box NOT acceptable)	3: <b>L</b> O -	STATE
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate. I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605	ient a ions c vith a	is of all ind

(CONTINUED)

"AMBR" = Authorized Member	Janice Brown
"MGR" = Manager 38	2336 southern Ave
) Brown	Jacksonville FL 32207
MINDK	
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(Use attachment if necessary)	
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(Use attachment if necessary)  LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-