Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000100079 3)))



H220001000793ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

*** RESUBMIT RESUBMIT

R 18 AH 9:

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

Email Address: RHERNANDEZ2K19@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. HOLLYWOOD BARDERS LLC

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

HOLLYWOOD
BARBERSHOP LLC

ZHARIS PH I: 15

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March 17, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: HOLLYWOOD BARBER LLC

REF: W22000035512

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000055333.

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.

Tammi Cline FAX Aud. #: H22000100079

Regulatory Specialist II Supervisor Letter Number: 722A00006432

14154847068

OCALA

H22000100079

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	BARBERSHOP LLC
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1019 NE 14TH ST OCALA, FL 34470	1019 NE 14TH ST OCALA, FL 34470
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must designate an individual or.
The name and the Florida street address of the re	egistered agent are:
ROLANDO HERN	egistered agent are: IANDEZ Name Registered agent are: PLS A 99 SERVICE S
1019 NE 14TH ST Florida street address (P.O. Box NOT acceptable)

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

34470

Zip

Registered Agent's Signature (REQUIRED)

City

ROLANDO HERNANDEZ

(CONTINUED)

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O 03/18/2022 8:22 AM . . . 14154847068

H22000100079

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	ROLANDO HERNANDEZ	
	1019 NE 14TH ST OCALA, FL 34470	
		2022 M
	HASS	MAR 18
		A A
(Use attachment if necessary)	307; 1818	بې
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CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an		-
effective date is listed, the date must be specific an	cannot be more than five business days prior to or 90	-
		-
effective date is listed, the date must be specific an ate of filing.)		-
effective date is listed, the date must be specific an ate of filing.)	nd cannot be more than five business days prior to or 90	-
REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.020 constitutes an affirmation under the	r an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State	0 days

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