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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Boujee Hair Xperience Limited I	.iability Comp	any	
SUBJEC		f Limited Liab	ility Company	
The encl	osed Articles of Organization and feet	s) are submitte	d for filing.	
Please re	turn all correspondence concerning th	is matter to the	following:	
	Q'Juance Jackson			
		Name o	f Person	
	Boujee Hair Xperience Limited Li	ability Compa	ny	
		Firm/C	ompany	
	11006 Marian Lane			
		Adc	ress	
	Riverview, FL 33578			
	Jqjuance72@gmail.com	City/State a	nd Zip Code	
	E-mail address: (to be	ased for future	annual report notification	on)
For further	information concerning this matter, p	lease call:		
	Q'Juanee Jackson	813	570-5302	
	Name of Person	Area Code	Daytime Telephone	2 Number
Enclosed	is a check for the following amount:			
□\$125.0	0 Filing Fee 전S130.00 Filing Fe Certificate of Status	Certit	55.00 Filing Fee & fed Copy nal 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 Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee a. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC,")
H - Address:	Colonia de la Caldida de Composição
g address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
11006 Marian Lane	11006 Marian Lane
Riverview, FL 33578	Riverview, FL 33578

O'Juanee Jackson

The name and the Florida street address of the registered agent are:

Name

11006 Marian Lane

Florida street address (P.O. Box NOT acceptable)

Riverview FL 33578
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)

ARTICLE IV-

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

	= Authorized Member	Name and Address:		
"MGR" = <u>AMBR</u>	Manager	Q'Iuance Jackson 11006 Marian Lanc Riverview, FL 33578		
	1.,100		• ·	
	hment if necessary)			
(If an effective date the date of filing.) Note: If the date in	e is listed, the date must be spec	of filing:		
ARTICLE VI: Other	er provisions, if any.			
	ED SIGNATURE:	ia Cak		
	This document is execute I am aware that any false in	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
	Q'Juanee Jackson	Typed or printed name of signee		
Filing Fees:				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)