

L22000476824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

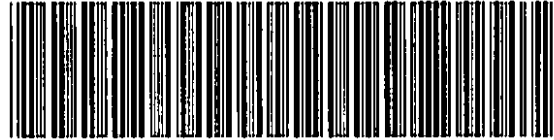
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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1 - PICK-UP - 0.00 - 0.00 + \$125.00

FILED  
2022 OCT 31 PM 5:44  
CLERK OF DISTRICT COURT  
JANUARY 10, 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2022

MARIA E RUIZ  
7750 SW 117TH AVE STE 203  
MIAMI, FL 33183

SUBJECT: BEST BARBERSHOP IN BROWARD LLC  
Ref. Number: W22000140387

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 222A00024992

FILED  
2022 OCT 31 PM 5:44  
TALLAHASSEE, FLORIDA

October 19, 2022

Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: BEST BARBERSHOP IN BROWARD LLC

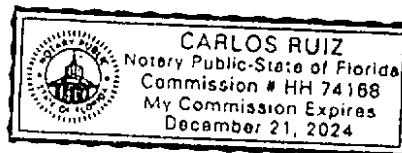
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
LEONOR TORRES DULMAN



2022 OCT 31 PM 5:44  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BEST BARBERSHOP IN BROWARD LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA E RUIZ

Name of Person

DMG FINANCIAL

Firm/Company

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City/State and Zip Code

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E RUIZ

305

595-2407

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional 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  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2022 OCT 31 PM 5:44

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST BARBERSHOP IN BROWARD 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:

3551 NW 3RD STREET

FT LAUDERDALE, FLORIDA 33311

Mailing Address:

3551 NW 3RD STREET

FT LAUDERDALE, FLORIDA 33311

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:

JASON A DULMAN

Name

3551 NW 3RD STREET

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

FT LAUDERDALE

FL

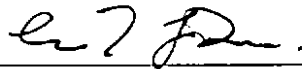
33311

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)

2022 OCT 31 PM 5:44

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JASON A DULMAN  
3551 NW 3RD STREET  
FT LAUDERDALE, FLORIDA 33311

AMBR

LEONOR TORRES DULMAN  
3551 NW 3RD STREET  
FT LAUDERDALE, FLORIDA 33311

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/10/2022. (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.

JASON A DULMAN

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)

FILED  
2022 OCT 31 PM 5:45  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT