

**L22000496260**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BACHELOR AND ASSOCIATES, INC.  
Account Number : I20000000120  
Phone : (954)423-0319 752-2758  
Fax Number : (954)752-4183

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

Email Address: ingrid.bachelorandassociates.com**FLORIDA LIMITED LIABILITY CO.**

Salon 718 Jax, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION  
OF  
Salon 718 Jax, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of this limited liability company is:

**Salon 718 Jax, LLC**

**ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

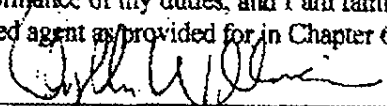
10131-5 San Jose Blvd  
Jacksonville FL 32257

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

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

Angella Williams  
10131-5 San Jose Blvd  
Jacksonville FL 32257

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.

  
Angella Williams  
Registered Agent

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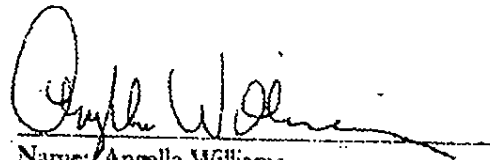
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**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Angella Williams  
10131-5 San Jose Blvd  
Jacksonville FL 32257

Manager



Name: Angella Williams

Title: Authorized Representative of the  
Members.

(In accordance with Section 605.0203(1)(b) Florida  
Statutes, the execution of this document constitutes an  
affirmation under penalties of perjury that the facts stated  
herein are true. 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.)

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