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 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : JTAX CORP
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Email Address: HELLO@JTAXCORP.COM

RECEIVED
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 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
 DAD'S CAVE BARBERSHOP WEST BOCA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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 2023 MAY 16 AM 12:50
 DIVISION OF STATE
 PALMHASSEE, FL

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Corporate Filing Menu

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DS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAD'S CAVE BARBERSHOP WEST BOCA 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:Mailing Address:7639 N STATE RD 7
PARKLAND FL 33073SAME

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:

JTAX CORP

Name

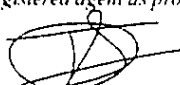
23123 STATE ROAD 7 STE 315Florida street address (P.O. Box ~~NOT~~ acceptable)BOCA RATONFL33428

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)

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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

Name and Address:

AMBR

SANDRO NEVES DOS SANTOS
10412 SUNSTREAM LN
BOCA RATON FL 33428

AMBR

BRUNNO AZEVEDO MONTEIRO
4892 WILLOW DRIVE
BOCA RATON FL 33487

AMBR

GUILHERME OLIVEIRA LIMA
900 CRYSTAL LAKE DR 1B
DEERFIELD BEACH FL 33084

AMBR

MALRUCIO MOREIRA SILVA
4611 N FEDERAL HWY APT 619
POMPANO BEACH FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/11/2023 (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.

BARBERSHOP SERVICE

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.

NIRVANDO COLARES BATISTA

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)

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