## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 12020000009 Phone : (954)544-1000

Fax Number : (954)678-4500

\*\*Enter the email address for this business entity to be used for future

Email	Address:						<del></del>				
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annual report mailings. Enter only one email address please. \*\*

# FLORIDA LIMITED LIABILITY CO. DAD'S CAVE BARBERSHOP POMPANO BEACH LLC

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

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Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

### DAD'S CAVE BARBERSHOP POMPANO BEACH 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:

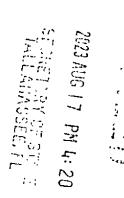
Principal Office Address:	Mailing Address:
945 South Federal Highway	SAME
Deerfield Beach, FL 33441	

#### 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:

TI/	AN CORP	
	Name	
23423 STATE ROAD	7.84E.315	
Florida street addre	ss (P.O. Box <u>NOT</u> as	reeptable)
BOCA RAION	FI.	33428
City	State	Zip



Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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)

To.

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

"AMBR" = "MGR" = M	Authorized Member		
"MGR" – M			
1-1-115	lanager		
AMBR		SAHDRO NEVES DOS SANTOS	
		10412 SUNSTREAM LIT	<del></del>
		BOCA RATON FL 33428	
АМЕЛ		BRUNHO AZEVEDO MONTERIO	
		4892 WILLOW DRIVE BOCA RATON FL 33487	
		COCA MATORITE SOCIETY	
AMBR		GUILHERME OLIMEIRA LIMA	- 1 mg
		900 CRYSTAL LAKE DR 1B	
		DEERFIELD BEACH FL 33064	
			ب ۽ هن ت
AMBR		DAME O FEDDERDA DE OURIGIDA	
Parek	<del></del>	DANILO FERREIRA DE OLIVEIRA	——;;; -<
		1220 NE 42ND ST	<del></del>
		POMPANO BEACH, FL 33064	<u></u>
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)