

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000438673
FILED 8:00 AM
September 20, 2023
Sec. Of State
fjeggleston

Article I

The name of the Limited Liability Company is:
TRADITION'S HAIR WHISPERER LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13455 SW RIVER ROCK RD
PORT ST LUCIE, FL. US 34987

The mailing address of the Limited Liability Company is:
13455 SW RIVER ROCK RD
PORT ST LUCIE, FL. US 34987

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL. 33021

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.

Registered Agent Signature: TRAVIS CRABTREE, OBO LEGALCORP SOLUTIONS

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
GEORGE M SAPIRSTEIN
13455 SW RIVER ROCK RD
PORT ST LUCIE, FL. 34987 US

Title: AMBR
DEBORA SAPIRSTEIN
13455 SW RIVER ROCK RD
PORT ST LUCIE, FL. 34987 US

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Signature of member or an authorized representative

Electronic Signature: SONIA BECERRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.