

9/28/2023 7:53 AM TO: +18506176381 FROM: 19416251526

9/26/2023 5:00 PM
H2300049382
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000338255 3)))



H230003382553ABC-

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

From:
Account Name : TAX SAVERS
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: alimachairco@gmail.com

FILED
2023 SEP 28 PM 12:49
COUNTY OF STATE
TALAHASSEE, FL

RECEIVED

2023 SEP 28 AM 11:12

REGISTRATION

FLORIDA LIMITED LIABILITY CO.

~~Ali Mac Hair Co, LLC~~ Ali Mac Hair, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. MATTHEWS

SEP 29 2023

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023 SEP 28 PM 12:49

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ali Mac Hair, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

CLERK OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1953 RADA LANE
NORTH PORT, FL 34288

Mailing Address:

1953 RADA LANE
NORTH PORT, FL 34288

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:

ALINA MACARTHUR

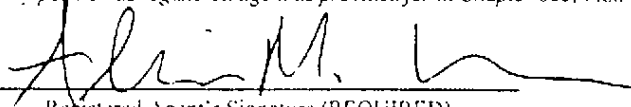
Name

1953 RADA LANE

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

<u>NORTH PORT</u>	<u>FLORIDA</u>	<u>34288</u>
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

AMBR

Name and Address:

ALINA MACARTHUR

1953 RADA LANE

NORTH PORT, FL 34288

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

_____. (OPTIONAL)

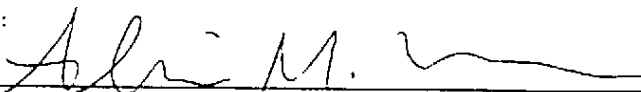
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ANY AND ALL LAWFUL BUSINESS

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.

ALINA MACARTHUR

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)



September 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX SAVERS

SUBJECT: ALI MAC HAIR CO, LLC
REF: W23000132252

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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

Tekayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H23000338255
Letter Number: 723A00022389