

123000486373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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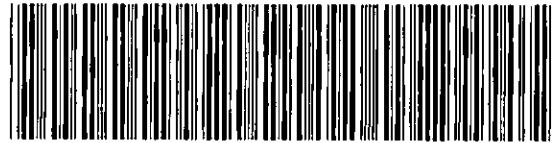
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FL



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Jill's Natural Hair Studio LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gillian Sylvester  
Name of Person  
Jill's Natural Hair Studio LLC  
Firm/Company  
325 Puffer Court  
Address  
Kissimmee FL 34759  
City/State and Zip Code  
jillnatural@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hardrick 407 4631813  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 OCT 23 PM 2:19  
TALLAHASSEE, FL

Articles of Organization

*for*

**Jill's Natural Hair Studio, LLC**

a State of Florida Limited Liability Company  
*in compliance with Florida Statutes § 605.0201*

**Gillian Sylvester**  
Founding Managing Member

Effective Date: October 1, 2023

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STATE  
TALLAHASSEE, FL



**ARTICLES OF ORGANIZATION  
for  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: Name**

The name of the Limited Liability Company is **Jill's Natural Hair Studio, LLC.**

**ARTICLE II: Address**

The mailing address of the Limited Liability Company is:

325 Puffer Court  
Kissimmee FL 34759

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

706 N Main Street  
Kissimmee FL 34744

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- STATE  
KISSIMMEE, FL 34759

**ARTICLE III: Purpose**

The purpose for which this limited liability company is organized is any and all lawful business. The primary service of the limited liability company is cosmetology services, specializing in natural hair.

**ARTICLE IV: Operating Agreement**

The members of this limited liability company shall provide such operating agreement for the conduct of the business of the company and the carrying out of its purposes as such members may deem necessary from time-to-time. Upon notice properly given, the operating agreement may be amended, altered, or rescinded by a majority vote of the members present at any regular or special meeting called for such purpose subject to any limitation set forth in Florida Statutes, or any other applicable state or federal law concerning corporate action that must be authorized or approved by the members of the company.

**ARTICLE V: Duration**

The duration of this company shall be perpetual unless terminated sooner in accordance with the laws of the State of **Florida**.

**ARTICLE VI: Registered Agent, Registered Office, & Registered Agent's Signature**

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

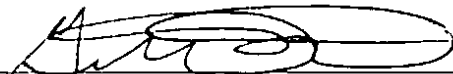
Gillian Sylvester  
325 Puffer Court

ARTICLES OF ORGANIZATION  
JILL'S NATURAL HAIR STUDIO, LLC

2

Kissimmee FL 34759

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

**ARTICLE VII: Managing Members (Owners)**

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

Gillian Sylvester  
Managing Member (AMBR)  
325 Puffer Court  
Kissimmee FL 34759

**ARTICLE VIII: Managers (Officers)**

The name and address of each person authorized to manage the day-to-day operations of the Limited Liability Company:


Gillian Sylvester  
Manager (MGR-President)  
325 Puffer Court  
Kissimmee FL 34759

**ARTICLE IX: EFFECTIVE DATE**

The effective date of this limited liability company is **October 1, 2023**.

**Execution of Articles of Organization**

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.

  
\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Gillian Sylvester  
Printed Name of Member

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JILL'S NATURAL HAIR STUDIO, LLC  
KISSIMMEE, FL  
STATE OF FLORIDA

State of **Florida**  
County of **Osceola**

I hereby certify that on this **2<sup>nd</sup>** day of **September 2023**, personally appeared before me,  
an officer duly authorized to administer oaths and take acknowledgments, **Gillian Sylvester**,

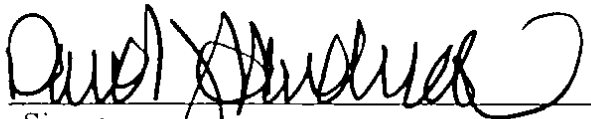
☒ to me well known and known to me to be the individual described in

Or

\_\_\_\_\_ who produced identification: \_\_\_\_\_

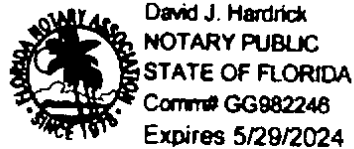
and who executed the forgoing instrument as representative of **Jill's Natural Hair Studio, LLC**  
and acknowledged to and before me that he signed and executed such instrument for the uses and  
purposes therein stated.

I have hereunto set my hand and affixed my official seal, at Orlando, Florida, on the day  
and year last above written.

  
Signature:  
Notary Public, State of Florida

David J Hardrick  
Printed Name

Commission Stamp/Seal:



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OSCEOLA, FL

