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FLORIDA LIMITED LIABILITY CO.  
THE BARBER & BEAUTY SPOT, LLC

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THE BARBER & BEAUTY SPOT, LLC

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

THE BARBER & BEAUTY SPOT, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF COSMETOLOGY AND ANY OTHER SIDELINES THERETO, AND ANY OTHER BUSINESS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

ARTICLE III

THE INITIAL ADDRESS OF THIS ORGANIZATION IS

220 NE 31<sup>ST</sup> STREET  
POMPANO BEACH, FL 33064

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL 33068.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:   
OTHEL TURNER

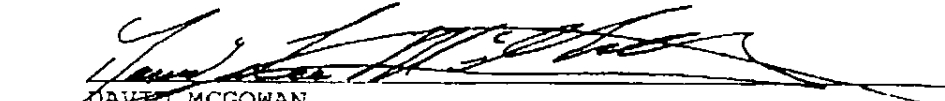
ARTICLE V

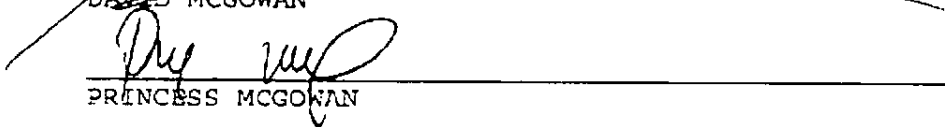
THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

DAVID MCGOWAN MANAGING MEMBER  
-----  
220 NE 31<sup>ST</sup> STREET  
-----  
POMPANO BEACH, FL 33064  
-----

PRINCESS MCGOWAN MANAGING MEMBER  
-----  
220 NE 31<sup>ST</sup> STREET  
-----  
POMPANO BEACH, FL 33064  
-----

MANAGER'S SIGNATURES

  
 \_\_\_\_\_  
 DAVID MCGOWAN

  
 \_\_\_\_\_  
 PRINCESS MCGOWAN

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED BEFORE ME DAVID MCGOWAN AND PRINCESS MCGOWAN WHO EXECUTED THE FOREGOING ARTICLES OF ORGANIZATION.

WITNESS MY HAND AND SEAL THIS 27 DAY OF April, 2024.

  
 \_\_\_\_\_  
 (SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)

