

H240002071183

Florida Department of State

Division of Corporations
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Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : 120000000158
Phone : (727)322-0909
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FLORIDA LIMITED LIABILITY CO.

HAIR BY TARA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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To Sunbiz

6/13/24

I previously owned HAIR BY TARA, LLC
Doc # L18000089144 But it has been
inactive for years and I wish to release
the name so that I may form a new
entity with the same name

Thank you

Tara Polley
Tara Polley

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAIR BY TARA, 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:8327 CRESCENT OAKS DR
NEW PORT RICHEY, FL 34655SAME

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:

DAVID C HASTINGS

Name

2207 54TH ST SFlorida street address (P.O. Box **NOT** acceptable)GULFPORTFL33707

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

Name and Address:

MGR

TARA R. POLLEY

8327 CRESCENT OAKS DR

NEW PORT RICHEY, FL 34655

Year	Percentage of Population Aged 65 and Over
1950	7.0
1960	8.0
1970	9.0
1980	10.0
1990	11.0
2000	12.0
2010	13.0
2020	14.0
2030	15.0
2040	15.5
2050	16.0

(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.

REQUIRED SIGNATURE:

E: Tare Rolly
Signature of a member or an authorized

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.

TARA POLLEY

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)

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