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Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. EXPRESS HAIR PIECES LLC.

Certificate of Status	1
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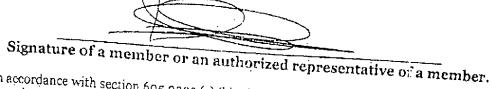
Help

ARTICLES OF ORGANIZATION FOR FLORIDA TIME

EXORIDA LIMITED LI	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is LLC. or LLC.	E: (Must end with the words "Limited Idability Company,
ARTICLE II - Address: The mailing address and street address of the Company is:	
4728 NW 167 St. Mic Florida 33014	کے ۰۰ کر س
The name and the Florida street address of the Company cannot serve as its own Registered Agent. You must with an active Florida registration.) Off a Costy The name and the Florida street address of the Company cannot serve as its own Registered Agent. You must with an active Florida registration.)	red Office: registered agent are: (The United Liability t designate an individual or anoth in business artifut
ARTICLE IV-	
The name and title of each person authorized to Liability Company:	manage and control the Limited
11 - 12	AMBR
Carla acosta Huinan Wang	AMBR AMBR
	• • • • • • • • • • • • • • • • • • • •

Required Signatures:

3052201440



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjusy that the facts stated herein are true. 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.

Typed or printed name of signee

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

Regisfered Agent's Signature (REQUIRED)