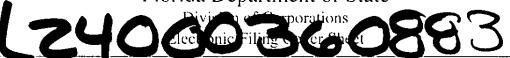
To:

Division of Corporations

08/20/2024 4:06 PM

Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JTAX CORP Account Number : 120200000009

: (954)544-1000

Fax Number

: (954)678-4500

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

்Email Address:\_HELLO@JTAXCORP.COM

# FLORIDA LIMITED LIABILITY CO. DAD'S CAVE BARBERSHOP GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### DAD'S CAVE BARBERSHOP GROUP 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:
7639 NORTH STATE RD 7	SAME
PARKLAND, FL 33073	

#### 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:

	TAX CORP	<u> </u>
	Name	
10055 YAMATO RE	STE 206	
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
BOCA RATON	171.	33498
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)

To.

## ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Auth "MGR" = Manag		
AMBR		
AMBR	BRUNNO AZEVEDO MONTEIRO 4892 WILLOW DRIVE BOCA RATON, FL 33487	
AMBR	GUILHERME OLIVEIRA LIMA 900 CRYSTAL LAKE DR 1B DEERFIELD BEACH, FL 33064	
(If an effective date is liste the date of filing.) Note: If the date inserted	if necessary)  ate, if other than the date of filing:	
ARTICLE VI: Other provi BUSINESS MANAGEM	isions, if any.	
REQUIRED STO	GNATURE:	
I	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, 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.	
	NIRVANDO COLARES BATISTA	
	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)