## UMOOD ATAO

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

TO:	New Filing Section Division of Corporations		
SUBJEC	CT: DIANE Name of 1	HAIRWORX Limited Liability Company	CLC
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	natter to the following:	
	DIANE M.	HENRY Name of Person	
	DIANE +	HAIRWORX Firm/Company	LLC
	1097 TRIN	1DAD AUE Address	
	SPRING HI DIANEL E-mail address: (to be us	City/State and Zip Code  WGEL 67 a)  ed for future annual report notificate	1900. COM
For furthe	r information concerning this matter, plea	ise call:	
	DIANE HENRY at (	832) 606 9. Area Code Daytime Telephon	2509 ne Number
Enclose	d is a check for the following amount:		
□\$125.	00 Filing Fee	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Na office and discour	Struct Address	

## 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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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manas (Use attachment if necessary) (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: Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 608 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. IANE M HENRY
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)

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\$ 5.00 Certificate of Status (Optional)