

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-344-8086

OSC networks
PROFESSIONAL
TECHNICAL SERVICE

ACCOUNT NO. : 072100000032

REFERENCE : 502449 151490A

AUTHORIZATION :

COST LIMIT : \$ 250.00 *285.00*

ORDER DATE : Apr 11 20, 1995

ORDER TIME : 10:31 AM

ORDER NO. : 582449

CUSTOMER NO: 151490A

200001495552

CUSTOMER: Ms. Sharon Browne
MS. SHARON BROWNE

19920 Ne 2nd Court

Miami, FL 33179

DOMESTIC FILING

NAME: HAIR RAISIN', L.L.C.

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

T. BROWN JUN 1 4 1995

FILED
95 JUN 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0391 FAX

800-342-8006



ACCOUNT NO. : 072100000032

REFERENCE : 582449 151490A

AUTHORIZATION :

Patricia P. Pyle

COST LIMIT : \$ 35.00

ORDER DATE : April 20, 1995

ORDER TIME : 10:31 AM

ORDER NO. : 582449

CUSTOMER NO: 151490A

CUSTOMER: Ms. Sharon Browne
MS. SHARON BROWNE

19920 Ne 2nd Court

Miami, FL 33179

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NAME: HAIR RAISIN', L.C.

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 22, 1995

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: HAIR RAISIN', L.L.C.
Ref. Number: W95000010763

We have received your document for HAIR RAISIN', L.L.C. and the authorization to debit your account in the amount of \$250.00. However, the document has not been filed and is being returned for the following:

There is a balance due of \$35.00.

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 395A00026009

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED
95 JUN 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAIR RAISIN', L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6251 COUNTY LINE RD
MIAMI MAR, FL, 33023

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

THIRTY (30) YEARS

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

SHARON BROWNE
19920 NE 2ND CT
N.M.B., FL, 33179
1
North Miami Beach

KARLENE RANDE
9641 S.W 9th CT
Pembroke Pines, FL, 33024

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

AS SET FORTH IN THE OPERATING AGREEMENT.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

HAIR RAISING L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 20,000.00 .
- 3) if any, the ~~nominal~~ value of property other than cash contributed by member(s) is \$ zero . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 20,000.00 . This total includes amounts from 2 and 3 above.

Sharon P. Browne

Sharon P. Browne, Member

Signature of a member or authorized representative of a member.

(In accordance with section 608.401(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

HAIR RAISIN', L.C.

2. The name and address of the registered agent and office is:

Corporation Service Company

(Name)

1201 Hays Street

(P.O. Box not acceptable)

Tallahassee, FL 32301

(City/State/Zip)

95 JUN 14 PM 2:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Sharon P. Browne

Sharon P. Browne, As ^{Agent}_(Signature)

5-15-95

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996, If Dissolved, Minimum Amount Due To Reinstale: \$730.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

FILED
 36 JUN 21 AM 8:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95005000448 HAIR RAISIN', L.C. 6251 COUNTRY LINE ROAD MIRAMAR FL 33023
--

1a. Principal Place of Business Address 6251 COUNTRY LINE ROAD MIRAMAR FL 33023

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a	
2. Principal Place of Business 6251 Country Line Road Suite, Apt #, etc	2a. Mailing Address Same as 2
City & State Miramar FL	City & State
Zip 33023	Country USA

3. Date Organized or Qualified 06/14/1995	3a. State of Formation FL
4. FEI Number 65-0606307	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 4/15/96	6. Certificate of Status Desired <input checked="" type="checkbox"/> 15 75 Additional Fee Required

7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

B. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500001877305 Suite, Apt #, etc -06/27/96--01003--002 ****263.75 ****263.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.410 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE: _____ DATE: _____
(If Registered Agent Accepting Appointment) (If Not, Registered Agent Signature and Print Name and Address)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	POROWNE, SHARON	19920 NE 2ND CT,	N. MIAMI BEACH FL
MGRM	RANDLE, KARLENA	9641 S.W. 9TH COURT	PEMBROKE PINES FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address.

SIGNATURE: Karlena Randle 6/17/96

L95000000448

Requestor's Name

Karlene Handke
6357 County Line Rd
Miramar FL 33023

300002117779--6
-03/19/97--01046--001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name) (Document #) 600002117779--6
-03/19/97--01046--001
*****35.00 *****35.00
2. (Corporation Name) (Document #) *****17.50 *****17.50
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
DIVISION OF CORPORATIONS
9 MAY -9 AM 10:04

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILING 52.50
R. AGENT
CERT. COPY
CUS
OVERPAYMENT
TOTAL 52.50

Dissolution
SP

Examiner's Initials

Karlene J Randle

6257 COUNTY LINE ROAD
MIRAMAR FL 33023
954- 983 4247 : 954 -983 3040
Fax: 954 -983 6860

JANUARY 25, 1997

Florida Department of State
Sandra B Mortham
Secretary of State
Division of Corporations
PO Box 6327 Tallahassee FL 32314

Dear Madam,

This letter serves to inform you that on the 8th day of November 1996, in and for the Broward County, a settlement agreement dissolving Hair Raisin LC was issued-, case #96-01345-04. On January 16th 1997, Judge Patricia Cocalis issued an order granting a motion to approve the settlement and release agreement. Please find the attesting documents attached,

Respectfully,



Karlene J Randle

Hair Raisin? LC
Document # L9500000448

KJR



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 5, 1997

Karlone J. Randle
6257 County Line Road
Miramar, FL 33023

SUBJECT: HAIR RAISIN', L.C.
Ref. Number: L95000000448

We have received your document for HAIR RAISIN', L.C. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is a dissolution form for voluntarily dissolving the subject entity. The fee to file this dissolution is \$35. It is our opinion that the court has ordered the parties involved to voluntarily dissolve the entity.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 197A00011273



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 29, 1997

Karlene J. Randle
6257 County Line Road
Miramar, FL 33023

SUBJECT: HAIR RAISIN', L.C.
Ref. Number: L95000000448

We have received your document for HAIR RAISIN', L.C. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Per my phone conversation with your office on March 26, 1997, you were to return an additional \$17.50 to file the enclosed dissolution. I erroneously advised you by letter of March 5 that the fee was \$35, when in fact it is \$52.50.

If you still want this document filed, please return the additional \$17.50 to my attention.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 197A00022109

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -9 AM 10:04

1. The name of the limited liability company is Hair Raisin, LC.
2. The effective date of the limited liability company's dissolution is Nov 8th 1996.
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
- #2 order by Circuit Court to dissolve.
company

4. CHECK ONE :

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. AK

6. CHECK ONE :

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Signatures of all members :

Signature

Karlene J Randle

Typed or Printed name

Karlene J Randle

