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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	AMERICAN HAIR DA	SIGNERS, LLC.
	(Name of Limi	ted Liability Company)
Florida," Certific		bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all	correspondence concerning this m	atter to the following:
	HERNAN	AMIREZ me of Person) ATRIC DESIGNERS LLEGED m/Company) TRL ARTHURY TRL
	(Na	me of Person)
<u></u>	AMERICAN H	ATIR DESIGNERS LLEG
	(Fir	m/Company)
	14545,AS MI	(Address)
		(Address)
_	DERRAY BE	te and Zip Code)
	(City/Sta	te and Zip Code)
For further inform	nation concerning this matter, plea	se call:
1/2	RNAN RAMIREZ	at (S61_)495 - 73 12 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAILIN	G ADDRESS:	STREET ADDRESS:
	vivision of Corporations Division of Corporations	
P.O. Box		Clifton Building
i aiianass	ee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a che	cck for the following amount: Filing Fee \$\Bigcup \\$130.00 \text{Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy
		•

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. AMERICAN HAIR DESIGNERS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. DELAWARE (Jurisdiction under the law of which foreign limited liability) 3. 26-1466613 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 11-26-2007 (Date of Organization) 5. PER PETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. 12-31-2007
1. 14345 3 MIETTHEY TRL AND BERY 29 F
Scenty Other 12 37401
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
HERNAN RAMIREZ, MGR. 3938 PARK LN, WPB Fr 33406
DAMARIS N. LOUKINEN, MARM. 3938 PARK LN, WPB FL 3340C
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: BEAUTY SALON
Han Atris 7
Signature of a member of an authorized representative of a member. (In accordance with section 08.408(3)/F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
HERNAN RAMIKEZ
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PÜRSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ne name a	and the Florida street address of the registered agent and office are: AFER AFER
,	11-0-10-1 RALLED DE B
	Name) Sin 29
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Secretary of State Division of Corporations Delivered 12:08 PM 11/26/2007 FILED 12:09 PM 11/26/2007 SRV 071251094 - 4462147 FILE

State of Delaware Limited Liability Company Certificate of Formation

•	Pirst: The name of the limited liability company is Amberican Hair Designers, LLC
•	Second: The address of its registered office in the State of Delaware is 3411 811 years i do
pad	Rodney Building #104 is the City of Milmington. The
	name of its Registered agent at such address is
	Corporate Creations Natwork Inc.
•	Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is
•	Feurth: (Learn any other matters the members determine to include hards.)
	Whitess Whereof, the undersigned have executed this Certificate of Formation this day of November 2007
	By: Jassantha Juneme Anthonized Person(s)

Name: <u>Semantha</u> <u>simple</u>

Typed or Printed

