



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/13/2020	202013400038	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

BROWNIE'S HAIR & CO
4240 BEECHLAWN RD
COLUMBUS, OH 43213

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4472578

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
BROWNIE'S HAIR & CO LLC

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 05/13/2020

Document No(s):

202013400038



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
13th day of May, A.D. 2020.

Ohio Secretary of State

Form 533A Prescribed by:

Date Electronically Filed: 5/13/2020



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99**Form Must Be Typed****CHECK ONLY ONE (1) BOX**

- (1) Articles of Organization for Domestic
☒ For-Profit Limited Liability Company
 (115-LCA)

- (2) Articles of Organization for Domestic
☐ Nonprofit Limited Liability Company
 (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
 "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd".)

Optional:Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the
 filing of the articles or on a later date specified that is not
 more than ninety days after filing.)

Optional:This limited liability company shall exist for

Period of Existence

Optional:

Purpose

**** Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Brownie's Hair & Co LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

NICOLE BANTON

(Name of Statutory Agent)

4240 BEECHLAWN RD

(Mailing Address)

COLUMBUS

(Mailing City)

OH

(Mailing State)

43213

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, NICOLE BANTON, named herein as the
(Name of Statutory Agent)

Statutory agent for Brownie's Hair & Co LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature NICOLE BANTON
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

Nicole

To the Attention of *(if necessary)*:

Address:

4240 Beechlawn Rd

City:

Columbus

State

Ohio

ZIP Code:

43213

Phone Number:

(614) 537-1091

E-mail Address:

browniebehavior@gmail.com

☒ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

☒ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

Regular Service: Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

☐ **Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

☐ **Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

☐ **Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

☐ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

Form 533A Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (**Two business day processing time.**
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

- (1) Articles of Organization for Domestic
☒ For-Profit Limited Liability Company
(115-LCA)

- (2) Articles of Organization for Domestic
☐ Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd".)

Optional:

Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional:

This limited liability company shall exist for

Period of Existence

Optional:

Purpose

**** Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Brownie's Hair & Co LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

Nicole Banton

(Name of Statutory Agent)

4240 Beechlawn Rd

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43213

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Nicole Banton, named herein as the
(Name of Statutory Agent)

Statutory agent for Brownie's Hair & Co LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Nicole Banton
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Nicole Banton

Signature

By (if applicable)

Nicole Banton

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Instructions for Articles of Organization for a Domestic Limited Liability Company

This form should be used if you wish to file articles of organization for a for-profit or nonprofit limited liability company.

If you wish to organize a for-profit limited liability company, please select box 1. If you wish to organize a nonprofit limited liability company, please select box 2. Please complete the entire form (as required) whether you have selected box 1 or box 2.

Name of Limited Liability Company

The name of the limited liability company must be provided. Pursuant to Ohio Revised Code §1705.05, the name must include one of the following: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd".

Effective Date (optional)

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1705.04(A), the legal existence of the corporation begins upon the filing of the articles or on a later date specified in the articles. The effective date cannot (1) precede the date of filing with our office or (2) be more than ninety (90) days after the date of filing. If an effective date is given that precedes the date of filing, the effective date of the corporation will be the date of filing. If an effective date is given that exceeds the date of filing by more than ninety (90) days, our office will return the filing to you and request that a proper effective date be provided.

Period of Existence (optional)

A period of existence may be provided but is not required. Pursuant to Ohio Revised Code §1705.04 (B), if a period of existence is not provided the limited liability company's period of existence is perpetual.

Purpose Clause (optional)

A purpose clause may be provided but is not required. As stated in Ohio Revised Code §1705.02, a limited liability company may generally "be formed for any purpose or purposes for which individuals lawfully may associate themselves."

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code section 1705.06, an Ohio limited liability company must appoint a statutory agent to accept service of process on behalf of the company. We cannot accept articles of organization unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

Signature(s) - Required

After completing all information on the filing form, please make sure that page 3 is signed by at least one member, manager or other authorized representative of the limited liability company.

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

A typed name signifies an "intent to sign" which is acceptable.

Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

Note

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter a Social Security number or tax identification number, in any format, on this form.