

L04000010523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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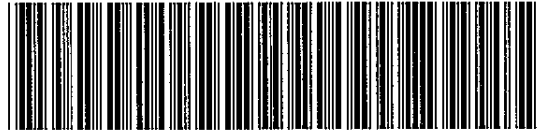
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TALLAHASSEE, FLORIDA

BK

**CSC**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 430710 9563A

AUTHORIZATION :

*Patricia Pajuts*

COST LIMIT : \$ 155.00

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ORDER DATE : February 9, 2004

ORDER TIME : 2:05 PM

ORDER NO. : 430710-005

CUSTOMER NO: 9563A

CUSTOMER: Ms. Christine Flagg  
Budd Bennett & Macia

Suite 201  
3033 Riviera Drive  
Naples, FL 34103

DOMESTIC FILING

NAME: COSMOPOLITAN BEAUTY  
INTERNATIONAL, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
COSMOPOLITAN BEAUTY INTERNATIONAL, LLC**

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**ARTICLE I : NAME**

The name of this Limited Liability Company is:

COSMOPOLITAN BEAUTY INTERNATIONAL, LLC

**ARTICLE II : PRINCIPAL OFFICE**

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

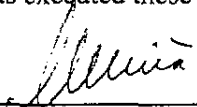
c/o Alberto A. Macia  
3033 Riviera Drive, Suite 201  
Naples, Florida 34103

**ARTICLE III : REGISTERED AGENT**

The name and street address of the Registered Agent of this Limited Liability Company for service of process in this state is:

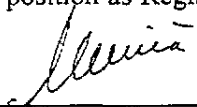
Alberto A. Macia  
3033 Riviera Drive, Suite 201  
Naples, Florida 34103

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 6<sup>th</sup> day of February 2004.

  
\_\_\_\_\_  
ALBERTO A. MACIA,  
Authorized Representative of the Members

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent of and to accept service of process for this Limited Liability Company at the place designated in Article III of these Articles of Organization, I hereby accept the appointment as Registered Agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608 of the Florida Statutes.

  
\_\_\_\_\_  
ALBERTO A. MACIA,  
Registered Agent