

W4000087179 (3)

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HUBCO  
Account Number : 104662003400  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

NU-COMPLEXIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **NU-COMPLEXIONS LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

4230 59th Street West

4230 59th Street West

Bradenton, FL 34209

Bradenton, FL 34209

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

**Claudia Johnson**

\_\_\_\_\_  
Name

**4230 59th Street West**

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Bradenton, FL 34209**

\_\_\_\_\_  
(City / State / Zip)

*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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature - Claudia Johnson

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TALLAHASSEE, FLORIDA

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

**MGR**

**Claudia Johnson- 6118 55th Terrace E, Bradenton, FL 34203**

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Claudia Johnson**

Typed or printed name of signee