09/08/2029 01:04 00023 #5491 P.001/004 take I OL 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000258784 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

: (305)220-1440

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. C & G ESTHETIC CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN Heln

> OCT 31 2011 10/27/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

H 1 1 0 0 0 2 5 8 7 8 4 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I- Name:

The name of the Limited Liability Company is:

C & G ESTHETIC CENTER LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address: 7100 W CAMINO REAL \$UITE 302 BOCA RATON, FL. 33433 Mailing Address:
7100 W CAMINO REAL SUITE 302
BOCA BATON, FL. 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

R&P ACCOUNTING & TAXES INC

<u>Name</u>

150 S.E 2ND AVE SUITE 1110

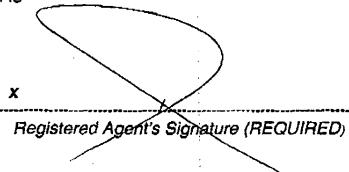
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 FL City, State, and Zip

H11000258784

H11000258784

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



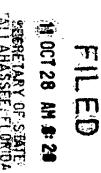
ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager
"MGRM" = Managing Member

MGRM NUBIA C MORALES 7100 W CAMINO REAL SUITE 302 BOCA RATON, FL. 33433

MGR GLORIA E BARRERA 7100 W CAMINO REAL SUITE 302 BOCA RATON, FL. 33433



H11000258784

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED: SIGNATURE

X.

Signature of a member or an sumorized representative of a member.

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

NUBIA C MORALES

Typed or printed name of signee