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(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

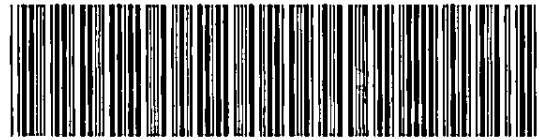
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CLASSIC EYELASHES AND SKINCARE LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SYLVIA C PRESLEY

Name of Person

S C PRESLEY AND COMPANY INC

Firm/Company

250 S. RONALD REAGAN BLVD, SUITE 100

Address

LONGWOOD, FL 32750

City/State and Zip Code

PERNILLEMARTIN@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVIA PRESLEY 407 331-7665

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FOR

CLASSIC EYELASHES AND SKINCARE LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

CLASSIC EYELASHES AND SKINCARE LLC

ARTICLE II

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III – ADDRESS

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

**627 RYAN COURT
WINTER SPRINGS, FL 32708**

and the street address of the Limited Liability Company is:

**627 RYAN COURT
WINTER SPRINGS, FL 32708**

**ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE**

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

**PERNILLE KOLDORF MARTIN
627 RYAN COURT
WINTER SPRINGS, FL 32708**

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TALLAHASSEE, FL

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..


PERNILLE KOLDORF MARTIN, REGISTERED AGENT

ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S)

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

<u>Title</u>	<u>Name and Address</u>
MANAGING MEMBER	PERNILLE KOLDORF MARTIN

ARTICLE VI – EFFECTIVE DATE OF FLORIDA LIMITED LIABILITY COMPANY

The effective date of the Florida Limited Liability Company is:

NOVEMBER 1, 2018


PERNILLE KOLDORF MARTIN, REGISTERED AGENT

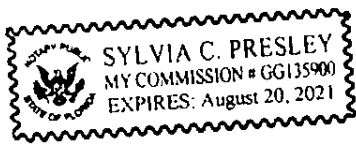
STATE OF FLORIDA
COUNTY OF SEMINOLE

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SECRETARY OF STATE
TALLAHASSEE, FL

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth, personally appeared **PERNILLE KOLDORF MARTIN**, known to me and known to me to be the person who executed the foregoing Articles of Organization for a Florida Limited Liability Company, and he acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 1st day of **NOVEMBER 2018**.

(seal)



Sylvia C Presley
NOTARY PUBLIC

My Commission Expires August 20, 2021

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TALLAHASSEE, FL