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FLORIDA LIMITED LIABILITY CO.  
INTERNATIONAL BEAUTY LAB, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

INTERNATIONAL BEAUTY LAB, LLC

**ARTICLE II - Address:**

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

10810 NW 29th STREET  
DORAL, FL 33172

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

RICARDO RAHME  
10810 NW 29th STREET  
DORAL, FL 33172

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

CESAR ALVEZ GOULARTE (AMBR)  
11491 NW 82nd TERRACE DORAL, FL 33178

RICARDO RAHME (AMBR) 8940 NW 24 TERRACE MIAMI, FL 33172

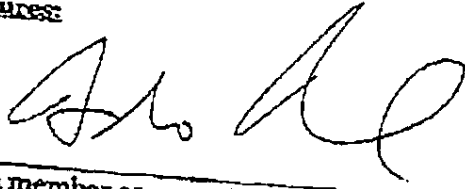
LUZ ANGELA GUARDIOLA (AMBR) 8940 NW 24 TERRACE MIAMI, FL 33172

MARCOS ANTONIO ENES (AMBR) 10810 NW 29 STREET DORAL, FL 33172

SAMUEL HENRIQUE REIGOTA (AMBR) 10810 NW 29nd STREET DORAL, FL 33172

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Required Signatures:



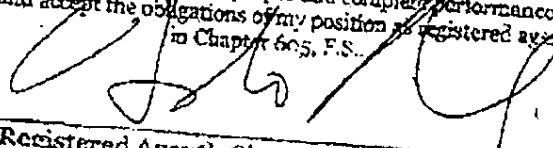
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RICARDO RANTOU

Typed or printed name of signer

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 605, F.S.



Registered Agent's Signature (REQUIRED)