

L23000447726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

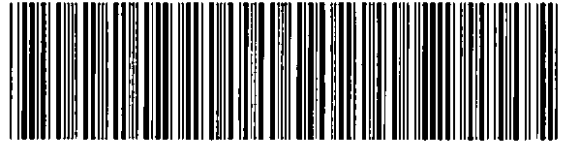
(Business Entity Name)

(Document Number)

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2023 SEP 25 PM 12:42
STATE OF OHIO
DEPARTMENT OF REVENUE

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KymsSkin 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:

Kimberly Kilmer
Name of Person

KymsSkin LLC
Firm/Company

9780 SW. 100 CT.
Address

Pinecrest, FL 33156
City/State and Zip Code

KimberlyKilmer@bellsouth.net
E-mail address (to be used for future annual report notification)

2023 SEP 25 PM 12:12
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

Kimberly Kilmer at 305 519-3559
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kim's Skin LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>9780 SW. 60 CT.</u>	<u>9780 SW. 60 CT.</u>
<u>Pinecrest, FL.</u>	<u>Pinecrest, FL.</u>
<u>33136</u>	<u>33136</u>

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:

Kimberly Kilmer
Name

8405 SW. 208 Terr.
Florida street address (P.O. Box **NOT** acceptable)

Cutter Bay, FL. 33189
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 605, F.S.

Kimberly Kilmer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 STATE OF FLORIDA
 COUNTY OF MIAMI
 REGISTERED AGENT

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
Kimberly Kilmer (MGR)	8405 SW 208 Terr. Cutter Bay, FL 33189
William Kranichfeld (AMBR)	9780 SW 60 Ct. Pinecrest, FL 33156

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kimberly Kilmer
 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
 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.

Kimberly Kilmer
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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