

L08000074852

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(Address)

(Address)

(City/State/Zip/Phone #)

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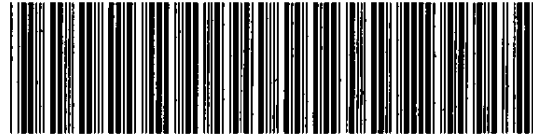
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

AUG 5 2008

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEXOV-BEYOND SKIN SPA 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:

ANGELIKA ALEXOVA

(Name of Person)

(Firm/Company)

6800 GULFPORT BLVD SUITE #107

(Address)

SOUTH PASADENA FL 33707

(City/State and Zip Code)

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For further information concerning this matter, please call:

ANGELIKA ALEXOVA

(Name of Person)

at (**727**) **345-5838**

(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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALEXOV-BEYOND SKIN SPA LLC

ARTICLE II - Address:

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

**6800 Gulfport Blvd Suite #107
South Pasadena FL 33707**

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

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

**Angelika Alexova
6800 Gulfport Blvd Suite #107
South Pasadena FL 33707**

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

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

Title:

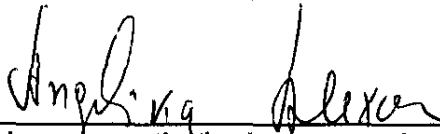
Name and Address:

Manager

Angelika Alexova
631 Oleander Way S
South Pasadena FL 33707

REQUIRED SIGNATURE:

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Signature of a member or an 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.)

Angelika Alexova

Typed or printed name of signee