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SKS & Associates, L.C.  
20423 State Road 7, Suite 6209  
Boca Raton, FL 33498

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

w-9307

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 MAY 22 AM 8 36  
SECRET  
TALLAHASSEE, FLORIDA

mtm  
5/22

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 7, 2000

SKS & ASSOCIATES, L.C.  
20423 STATE RD 7, STE 6209  
BOCA RATON, FL 33498

SUBJECT: COSMETIC EXPRESSIONS, L.C.  
Ref. Number: W00000009307

We have received your document for COSMETIC EXPRESSIONS, L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 000A00019095

FILED  
MAY 22 AM 8:36  
RECEIVED  
ALBANY, NY  
MAY 22 2000

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BEAUTY EXPRESSIONS, L.C.

## ARTICLE II - Address:

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

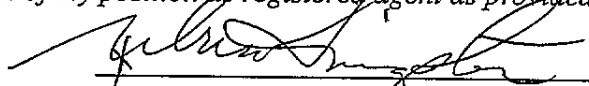
4901 GODFREY ROAD  
LOREAL SPRINGS, FL

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

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

Ulrico Livingston  
Name  
4901 GODFREY ROAD  
Florida street address (P.O. Box NOT acceptable)  
LOREAL SPRINGS FL 32062  
City, State, and Zip

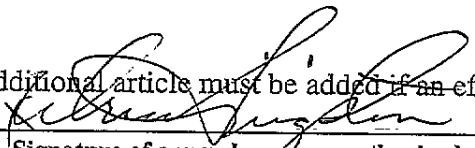
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Ulrico Livingston  
Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED  
00 MAY 22 AM 8:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE