

Dear Filing Officer: Please note that the attached document was faxed to you Nov. 7, 2000 at 11:37 A.M. (attached is fax evidence). Please file it as of Nov. 7, 2000. Thanks,  
Jery C. Toledo

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**L000000 13854**

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To:

Division of Corporations  
Fax Number : (850)922-4003

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**Camelot Hair Care Products, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

24847 - 109187

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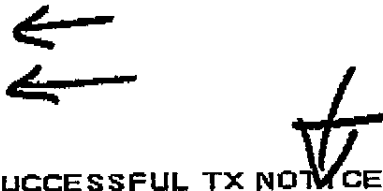
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MEMORY TRANSMISSION REPORT

TIME : NOV-07-00 11:38AM  
TEL NUMBER1:  
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FILE NUMBER : 010  
DATE : NOV-07 11:37AM  
TO : 7918509224003  
DOCUMENT PAGES : 02  
START TIME : NOV-07 11:37AM  
END TIME : NOV-07 11:38AM  
SENT PAGES : 02  
FILE NUMBER : 010



\*\*\* SUCCESSFUL TX NOTICE \*\*\*

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 922-4003  
From: Nancy C. Toledo, Legal Assistant  
Account Name : ABERNATHY, BENTLEY & BIDSON, P.A.  
Account Number : 078471004163  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY  
Camelot Hair Care Products, LLC

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**ARTICLES OF ORGANIZATION  
OF  
CAMELOT HAIR CARE PRODUCTS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Camelot Hair Care Products, LLC**

**ARTICLE II: - Address**

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

c/o One Southeast Third Avenue, 28th Floor  
Miami, Florida 33131

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28th Floor  
Miami, Florida 33131

*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.*

*Nery C. Toledo*  
Nery C. Toledo, Registered Agent

**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.

*[Handwritten Signature]*

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

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tony Parkinson  
Typed or printed name of signee

Dated this 1<sup>st</sup> day of November, 2000.

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