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TRANSMITTED LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

FILED
01 JUN 21 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject: Health Stylers LLC

Enclosed is an original and one (1) copy:

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

Please file stamp copy and return.

100004340561--1
-06/04/01--01124--013
****125.00 ****125.00

From: Health Stylers
P. O. Box 920
Silver Springs, Florida
34489

Day time telephone 352-694-2002 or 352-598-6746

LO1-10047
gl



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 2001

HEALTH STYLERS
PO BOX 920
SILVER SPRINGS, FL 34489

SUBJECT: HEALTH STYLERS LLC
Ref. Number: W01000012936

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEALTH STYLERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 301A00034876

ARTICLES OF ORGANIZATION

Name:

Health Stylers LLC

Address:

Mailing: P. O. Box 929, Silver Springs, Florida, 34489
Business 236 S. W. 10th Street, Ocala, Florida, 34474

Registered Agent:

Name: Liliana Estes

Address: 236 S. W. 10th Street, Ocala, Florida, 34474

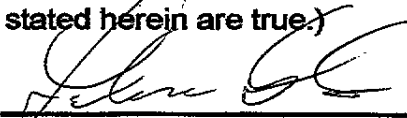
Management:

The Limited Liability Company is to be managed by the members.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)



Signature of Signee

Filing Fee: \$100.00 for Articles

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PRIVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Health Stylers LLC

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

Liliana Estes
236 S. W. 10th Street,
Ocala, Florida,
34474

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
proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.



Signature

Filing Fee: \$25.00 for Designation of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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