



THE UNITED STATES
CORPORATION
COMPANY

L02000000932

ACCOUNT NO. : 072100000032

REFERENCE : 450374 7292554

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 125.00

ORDER DATE : January 11, 2002

ORDER TIME : 9:43 AM

ORDER NO. : 450374-001

CUSTOMER NO: 7292554

CUSTOMER: Ms. Deon J. Gray
Ms. Deon J. Gray

3297 Nw 44th Street
Suite 1
Fort Lauderdale, FL 33309

DOMESTIC FILING

NAME: DEON GRAY BODY CARE, LLC

800004770398--0

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

RECEIVED
02 JAN 11 PM 4:34
TALLAHASSEE, FLORIDA

02 JAN 11 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DB
1-14-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEON GRAY BODY CARE, LLC

ARTICLE II - Address:

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

3279 NW 44th Street, Suite 1, Fort Lauderdale, Florida 33309

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

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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.

Corporation Service Company

By: Deborah D. Skipper
Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

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)

Deborah D. Skipper
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.)

Deborah D. Skipper
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)

02 JAN 11 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MANAGING MEMBERS OF DEON GRAY BODY CARE, LLC

Deon J. Gray
Managing Member

3279 NW 44th Street
Suite 1
Fort Lauderdale, Florida 33309

David C. Gray
Managing Member

3279 NW 44th Street
Suite 1
Fort Lauderdale, Florida 33309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY


The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DEON GRAY BODY CARE, LLC, a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 21 day of December, 2001.


Signature

David C. Gray
Print Name of Signer

WITNESS:


Signature

Joelvina Pinto
Print Name of Witness

WITNESS:


Signature

Dean Gray
Print Name of Witness

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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