

JC/Dover

ACCOUNT FILING COVER SHEET  
**L020000014900**

ACCOUNT NUMBER: FCA000000005

REFERENCE:  
(Sub Account)

9602696-1

DATE:

6/14

REQUESTOR NAME: Lexis Document Services

ADDRESS:

600005767386-9

TELEPHONE:

( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Global Cosmetics LLC

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

APPROVED  
AND  
FILED  
02 JUN 14 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**Florida LLC**  
125.00

☐ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

( ) Call When Ready  
( ) Walk In  
( ) Mail Out

( ) Call if Problem  
( ) Will Wait

( ) After 4:30  
( ) Pick Up

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 JUN 14 PM 1:10

RECEIVED

20-12-02

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL COSMETICS LLC

## ARTICLE II - Address:

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

10 Cramwell Place, South Kensington, London, SW72JN, UK

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

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

LexisNexis Document Solutions Inc.

FOI 000003179

3953 W.W. Kelley Road

Name

Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32311

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..*

*Joanne Carrico*, ASSISTANT SECRETARY  
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 therefore, a manager - managed company.

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

*Joanne Carrico*  
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.)

Joanne Carrico, Authorized Person

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)

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TALLAHASSEE, FLORIDA  
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