

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : TODD W. KLISTON, ESQ.
Account Number : 075221000013
Phone : (954) 473-4900
Fax Number : (954) 473-4907

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03 JUL 24 AM 11:40
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ICI DOMANI SALON & SPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

03 JUL 24 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-24-03

FAX AUDIT # H030002397963

**ARTICLES OF ORGANIZATION OF
ICI DOMANI SALON & SPA LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME

The name of the Limited Liability Company is ICI DOMANI SALON & SPA LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 279 N. Federal Highway Boca Raton, FL 33433.

ARTICLE III - DURATION

The period of duration for the limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

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

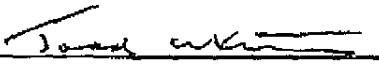
ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be by unanimous consent of the existing members.

ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members may continue the business of the limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 24th day of July, 2003. In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Todd W. Kliston

Authorized representative of a member executing the Article of Organization.

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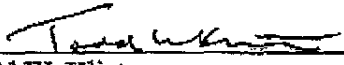
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 and 608.407, 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 ICI DOMANI SALON & SPA LLC.
2. The name and the Florida street address registered agent and registered office are:

Todd W. Kliston
8211 West Broward Boulevard
Suite 375
Plantation, FL 33324

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.


Todd W. Kliston

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