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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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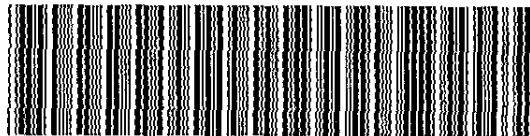
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC - 4 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Press On Brows, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlynne Roberts

(Name of Person)

Roberts Research Laboratories

(Firm/Company)

1480 SW 30th Avenue

(Address)

Boynton Beach, Florida 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlynne Roberts

(Name of Person)

at (561-) 734-4062 extension 110

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2003 NOV 24 AM 8:38
JUDICIAL DEPARTMENT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Press On Brows, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1800 South Ocean Blvd.

Boca Raton, Florida 33432

Apt. 8E

Mailing Address:

1800 South Ocean Blvd.

Boca Raton, Florida 33432

Apt. 8E

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

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

LEE Roberts

Name

1800 South Ocean Blvd.

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

Boca Raton

FLORIDA 33432 Apt. 8E

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, Florida Statutes..


Registered Agent's Signature

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Marlynn Roberts, 1800 South Ocean Blvd.
Boca Raton, Florida 33432

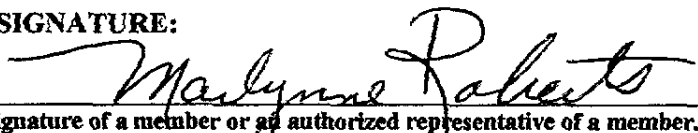
MGR

Lee Roberts, 1800 South Ocean Blvd.
Boca Raton, Florida 33432

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Marlynn Roberts

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)