

LO3000049965

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

spa naturals for face and body, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPA NATURALS FOR FACE AND BODY, LLC

ARTICLE II - Address:

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

Principal Office Address:

715 S.W. 7 COURT

FLORIDA CITY, FLORIDA 38084-5627

Mailing Address:

SAME

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TALLAHASSEE, FLORIDA

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

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

JOSE R. PUJOLS, ESQ.

Name

2701 S. LEJEUNE ROAD, SUITE 401

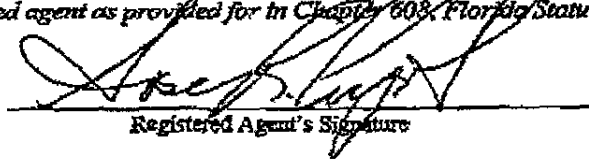
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES,

FLORIDA 33184

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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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

CESAR V. CAICEDO
715 S.W. 7 COURT
FLORIDA CITY, FLORIDA 33034-5627

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.)

JOSE R. PUJOLS, ESQ.

Typed or printed name of signer

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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