

LO4 000008993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

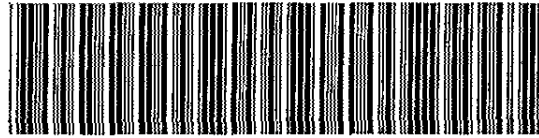
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OK

ROBERT E. KRAMER, ESQUIRE

ATTORNEY AT LAW

BOULEVARD EXECUTIVE PARK
555 WEST GRANADA BOULEVARD, SUITE A-9
ORMOND BEACH, FLORIDA 32174

TELEPHONE (386) 672-4313
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January 23, 2004

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SKIN CARE BY PRINCE, LLC

Dear Sir/Ms:

Enclosed please file the Articles of Organization for the above limited liability company along with your filing fee of **\$125.00**. Please return the certificate and one copy of the stamped Articles to my office.

Please do not hesitate to contact me if there are any questions regarding this matter.

Very truly yours,

Robert E. Kramer

REK/msp
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SKIN CARE BY PRINCE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1024 Cadillac Drive, Daytona Beach, FL 32117

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

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

William D. Prince, III

Name

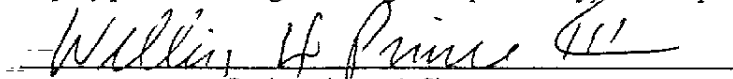
1024 Cadillac Drive

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

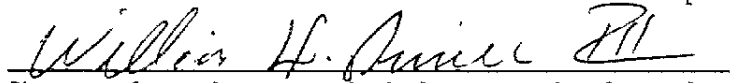
Daytona Beach, FL 32117

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.


Registered Agent's Signature

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


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.)

William D. Prince, III

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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