

W04-14048

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY**NATUAL BEAUTY LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:
NATURAL BEAUTY LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: **7558 Volly Place, Lake Worth, FL 33467**

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

The name and the Florida street address of the registered agent are: **Laureen Sandra Rabbe
7558 Volly Place, Lake Worth, FL 33467**

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.

** Laureen Sandra Rabbe*

Registered Agent's Signature
Laureen Sandra Rabbe

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Shay Allouche
Signature of a member or an authorized representative of a manager

(In accordance with section 608.408 (3), Florida Statutes, the execution of the document constitutes of an affirmation under the penalties of perjury that the facts stated herein are true.)