

LD4000061473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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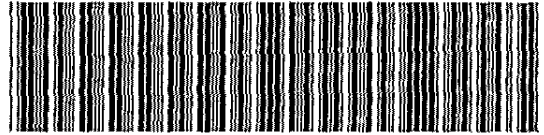
(Business Entity Name)

(Document Number)

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**WEBBER, HINDEN, McLEAN & ARBEITER**

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

4430 SOUTHWEST 64TH AVENUE

DAVIE, FLORIDA 33314

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SHAWN D. ARBEITER

DAVID E. GOODMAN  
(1935-1992)

TELEPHONE (954) 587-3058  
TELECOPIER (954) 587-1770

August 17, 2004

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

VIA FEDERAL EXPRESS

RE: Ego Cosmetics LLC  
Our File No: E-2000

Dear Sir or Madam:

Enclosed please find the following:

1. Our law firm trust account check in the amount of \$125.00; representing \$100.00 for filing the enclosed Articles of Organization of Ego Cosmetics LLC; and \$25.00 for the Registered Agent Fee;
2. An original and a copy of the Articles of Organization of Ego Cosmetics LLC; and
3. A stamped pre-addressed envelope for returning a file-stamped copy of the Articles of Organization.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Jon A. Hinden

JAH/sm

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION OF**  
**EGO COSMETICS LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Ego Cosmetics LLC

**ARTICLE II – Address:**

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

809 NE 19<sup>th</sup> Terrace  
Fort Lauderdale, FL 33304

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jon A. Hinden, Esquire  
4430 Southwest 64<sup>th</sup> Avenue  
Davie, Florida 33314

*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.*

By: \_\_\_\_\_

Jon A. Hinden, as  
Registered Agent

CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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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:**

**Name and Address:**

“MGR” = Manager

“MGRM” = Managing Member

MGRM

Jeffrey Hallick  
809 NE 19<sup>th</sup> Terrace  
Fort Lauderdale, Florida 33304

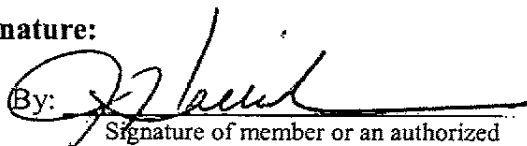
MGRM

Nina Hallick  
809 NE 19<sup>th</sup> Terrace  
Fort Lauderdale, Florida 33304

MGRM

Jennifer Bradley  
2125 SE 10<sup>th</sup> Avenue, Apt #1004  
Fort Lauderdale, Florida 33308

**Required Signature:**

By:   
Signature of member or an authorized  
representative of a member

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

By: Jeffrey Hallick  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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