

L 04 000072073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

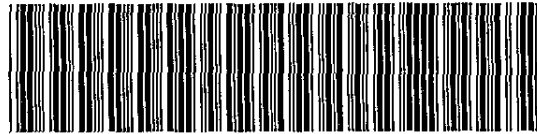
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RECEIVED  
04 OCT -5 AM 11:56  
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TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Skin Care Studio, L.L.C.

EFFECTIVE DATE

9/29/04

FILED  
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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☒ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature \_\_\_\_\_

Requested by: WC

Name

Date 10/5

Time 11:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
THE SKIN CARE STUDIO, L.L.C.**

**ARTICLE I.**

**NAME**

The name of the Limited Liability Company is THE SKIN CARE STUDIO, L.L.C.

**ARTICLE II.**

**REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

**SANDRA L. SHUMATE  
4237 PEBBLE POINTE DRIVE  
LAKELAND, FL 33813**

**This will also serve as the company's principal and mailing address.**

**ARTICLE III.**

**MANAGEMENT**

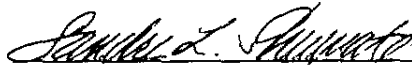
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**ARTICLE IV.**

**EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be September 29, 2004.

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.

  
SANDRA L. SHUMATE,  
Member

**EFFECTIVE DATE**  
**9/29/04**

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ACCEPTANCE BY REGISTERED AGENT**

Having been named 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.

A handwritten signature in cursive script, appearing to read "Sandra L. Shumate", written over a horizontal line.

SANDRA L. SHUMATE,  
Registered Agent