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#### LAW OFFICE OF CORY S. ROBINS, P.A.

SHERIDAN HILLS PROFESSIONAL PLAZA 4030C SHERIDAN STREET HOLLYWOOD, FLORIDA 33021 TELEPHONE (954) 983-0144
FACSIMILE (954) 893-6930
CSRLAWFIRM@CS.COM

THEO MIN'S

January 21, 2005

Department of State Division of Corporations Corporate Filing P.O. Box 6327 Tallahassee, FL 32314

Re:

Nina's Cosmetics, LLC Articles of Correction

Dear Sir or Madam:

Enclosed please find the following:

> Articles of Correction

> Check in the amount of \$30.00, certified copy being requested.

Unfortunately I was unable to print and attach the Articles. I was told, however, to nevertheless submit the correction for processing. Thank you.

Sincerely.

CORY S. ROBINS, ESQ.

CSR/ld

# ARTICLES OF CORRECTION . FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST Nina		The name metics, LL0	of the limited I	iability comp	oany is:		
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		•	gned. The mar		n the document was defect	ively signed a	nd 
Dated:	Janu	Jary 20 Signature	CORY	r authorized  S. ROBINS  r printed nam	Tavinous great	÷r	
			Filing 1	•	\$25.00 \$30.00 (optional)		

## Electronic Articles of Organization For Florida Limited Liability Company

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SECRETARISSEE TO

#### Article I

The name of the Limited Liability Company is: NINA'S COSMETICS, LLC

#### **Article II**

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

9317 HEATHRIDGE DRIVE WEST PALM BEACH, FL. 33411

The mailing address of the Limited Liability Company is:

9317 HEATHRIDGE DRIVE WEST PALM BEACH, FL. 33411

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

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

CORY S. ROBINS, ESQ. LAW OFFICE OF CORY S. ROBINS, P.A. 4030-C SHERIDAN STREET HOLLYWOOD, FL, FL. 33021

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.

Registered Agent Signature: CORY S. ROBINS

### Article V

The name and address of managing members/managers are:

Title: MGRM MAGDAREN FISCHER 9317 HEATHRIDGE DRIVE WEST PALM BEACH, FL. 33411 L05000002877 FILED 8:00 AM January 10, 2005 Sec. Of State mhodges

# **Article VI**

The effective date for this Limited Liability Company shall be: 01/10/2005

Signature of member or an authorized representative of a member Signature: CORY S. ROBINS

