Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

: (800)494-3124

Fax Number

: (305) 675-2811

LIMITED LIABILITY COMPANY

Artiste Makeup Studio, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu.

Corporate Filing

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: Artiste Makeup Studio, LLC

ARTICLE II ADDRESS

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

139 N. County Road, #9 Palm Beach, FL 33480

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Donna Kelly

6856 Farragut Lane

Boynton Beach Florida 33437

Having been named as registered agent 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..

DENNA KELLY/ Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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Artiste Makeup Studio, LLC

ARTICLE V MEMBERS (optional)

Managing Member:

Donna Kelly

6856 Farragut Lane

Boynton Beach Florida 33437

Signature of a member of 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.

DONNA KELLY

Typed or printed name of signee

FILED
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SECRETARY OF STATE