

L05000023029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examination

Office Use Only

Suffix



800046859728

02/21/05--01057--005 **125.00

RECEIVED
FEB 21 2005
L-00000023029

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSMETIX CO.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IWONA BUSSIN-SMITH
(Name of Person)

(Firm/Company)

4200 CASTLEBRIDGE LN, #1921
(Address)

SARASOTA, FL 34238
(City/State and Zip Code)

For further information concerning this matter, please call:

IWONA BUSSIN-SMITH at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 JUN 22 04
SECRET
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 25, 2005

IWONA BUSSIN-SMITH
4200 CASTLEBRIDGE LN, E1921
SARASOTA, FL 34238

SUBJECT: COSMETIC CO.
Ref. Number: W05000009805

We have received your document for COSMETIC CO. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.


Diane Cushing
Document Specialist

Letter Number: 405A00013213

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COSMETIX ~~CO.~~ ETC., L.C. 

ARTICLE II - Address:

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

Principal Office Address:

4200 CASTLEBRIDGE LN #1921
SARASOTA, FL 34238

Mailing Address:

4200 CASTLEBRIDGE LN #1921
SARASOTA, FL 34238

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

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

IWONA BUSSIN-SMITH

Name

4200 CASTLEBRIDGE LN #1921

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, 34238

FL

City, State, and Zip

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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

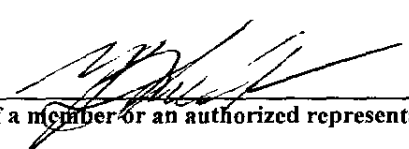
IWONA BUSSIN-SMITH

4200 CASTLEBRIDGE, FL 34238

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

IWONA BUSSIN-SMITH

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

RECEIVED
2005 MAR -7 P 12:04
FBI