

L05000047577

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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04/21/05--01013--003 **125.00

SECRETARY OF THE
TREASURY

2005 MAY 12 A 11:28

FILED

Signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetic and Anti Aging Solutions LLC
(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:

David Wall mo

(Name of Person)

(Firm/Company)

3023 Eastland Blvd Hill

(Address)

Clearwater, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

David Wall mo

(Name of Person)

at (727) 791 3830

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" 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

FILED
MAY 12 11 28



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 27, 2005

DAVID WALL MD
3023 EASTLAND BLVD H113
CLEARWATER, FL 33761

SUBJECT: COSMETIC AND ANTI-AGING SOLUTIONS LLC
Ref. Number: W05000021260

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 905A00029160

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cosmetic and Anti-Aging Solutions LLC

ARTICLE II - Address:

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

Principal Office Address:

3023 Eastland Blvd
H113
Clearwater, FL 33761

Mailing Address:

3023 Eastland Blvd
H113
Clearwater, FL 33761

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

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

David Wall MO
Name

3023 Eastland Blvd H113
Florida street address (P.O. Box **NOT** acceptable)
Clearwater, FL 33761
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.

David Wall MO
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:

MGRM

David Wall MD

3023 Eastland Blvd, H113

Clearwater, FL 33761

MGRM

JOSEPH F. GRECO

3023 EASTLAND BLVD H113

CLEARWATER, FL 33761

(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.)

JOSEPH F. GRECO

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)

SECRETARY OF STATE
MAIL ROOM

2005 MAY 12 AM 11:28

FILED