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Requestor's Name

Solog 5. University Dr.

Address

Davie, FL 33328

City State 21P Phone

TALLAHASSEF FLORIG

# CORPORATION(S) NAME

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

TINA'S LOTIONS & CREAMS, LLC

### ARTICLE II - Address:

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

5827 SW 97<sup>TH</sup> TERRACE COOPER CITY, FLORIDA 33328

## ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature:

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

CHRISTINE OWEN 5827 SW 97<sup>TH</sup> TERRACE COOPER CITY, FLORIDA 33328

Having been named as registered agent and to accept service of process for the above stated limited liabili company at the place designated in this certificate, I hereby accept the appointment as registered agent an agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the propand 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

## ARTICLE IV – Management (Indicate if applicable.)

If checked, the Limited Liability Company is to be managed by one manager or more managers are therefore, a manager – managed company.

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.)

CHRISTINE OWEN
Typed or printed name of signee