Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

1 (212)431-5000

Fax Number

: (212)431-1441

LIMITED LIABILITY COMPANY

Lipstick & Rouge, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filling Menu

Corporate Filing

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H05000242337 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lipstick & Rouge, LLC

(Must end with the words 'Limited Liability Company, 'Limited Company" or their abbreviation "LLC," or "L.C,")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

661 West 180 Street, #8B 661 West 180 Street, #8B

New York, New York 10033 New York, New York 10033

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BlumbergExcelsior Corporate Services, Inc.

Name

4435 Old Winter Garden Road

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

Orlando FL 32811

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 (REQUIRED)

By: Marc D. Moel, Asst. Secty.

For: SlumbergExcelsior Corporate Services, Inc. Its agent

(CONTINUED)
Page 1 of 2

Fax:888-892-9256

H05000242337 3

	ARTICLE IV- Manager(s) or Managin		2005 NCT 13 A
	The name and address of each Manager of Title: "MGR" = Manager "MGRM" = Managing Member	or Managing Member is as follows: Name and Address:	TO SERVER OF THE
	MGR	Michael Craio 661 West 180 Street, #6B	<u> </u>
		New York, New York 10033	
<i>.</i>			
	(Use attachment if necessary)	upon filing	. (OPTIONAL)
(If an e	LEV: Effective date, if other than the date ffective date is listed, the date must be sgo days after the date of filing.)	e of imig. pecific and cannot be more than fiv	
	REQUIRED SIGNATURE:		
	(In accordance with section of this document constitute that the facts stated here Michael Craig	r an authorized representative of a mem in 608,408(3), Florida Stantes, the execution an affirmation under the penalties of per in are true.) Michael Cliff g	• •5.
	Filing Pees;	-	•

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

BlumbergExcelsior Corp.race Services, Inc. 62 White Street, NYC 10013 (212)431-5000

R05000242337 3