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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 Phone : (800)494-3124 Fax Number : (305)675-2811	RECEIVED 05 NOV 22 PH 3: 46 05 NOV 22 PH 3: 46
LIMITED LIABILITY COMPANY	
SKIN CARE SERVICES, LLCCertificate of Status0Certified Copy0Page Count02Estimated Charge\$125.00	MI 23 05 ALLAHASSEE

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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: SKIN CARE SERVICES, LLC

ARTICLE II ADDRESS

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

606 NW 112TH WAY

CORAL SPRINGS FL 33071-7950

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are: CHRISTOPHER PEREZ 606 NW 112TH WAY CORAL SPRINGS FL 33071-7950

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 familiar with and accept the obligations of my position as registered agent agent as provided for in Chapter 608, F.S..

Registered Agent's

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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SKIN CARE SERVICES, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: CHRISTOPHER PEREZ 606 NW 112TH WAY CORAL SPRINGS FL 33071-7950

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Signature of a member or an authorized representative of a (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.

CHRISTOPHER PEREZ Typed or printed name of signee

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