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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : CLARION VENTURES, INC.  
Account Number : 120030000026  
Phone : (623)465-8636  
Fax Number : (623)465-8640

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DIVISION OF CORPORATION

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Best Health and Beauty Store LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Best Health and Beauty Store LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1616 Oviedo Grove Circle APT 22

Oviedo FL, 32765

**Mailing Address:**

1616 Oviedo Grove Circle APT 22

Oviedo FL, 32765

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

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

Frank Solano

Name

1616 Oviedo Grove Circle APT 22


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

Oviedo,

FLORIDA 32765

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, Florida Statutes.*



Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

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**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

Frank Solano

1616 Oviedo Grove Circle APT 22

Oviedo FL, 32765

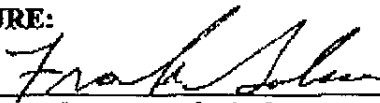
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(Use attachment if necessary)

**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.)

Frank Solano

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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