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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

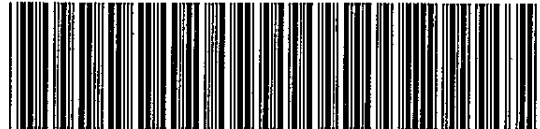
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**THE MOORE LAW FIRM, P.A.**

Attorneys at Law

James E. Moore \*  
Bret A. Moore  
\* Of Counsel  
(850) 678-1121

135 E. John Sims Parkway  
P. O. Box 746  
Niceville, FL 32588  
FAX (850) 678-8327

January 9, 2006

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

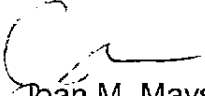
Re: **SKINDEEP CLINIC, L.L.C.**

Dear Sir:

Enclosed herewith are an original and one copy of the Articles of Organization for the above stated Limited Liability Company together with our check in the amount of \$160.00 to cover the filing fees for the Articles of Organization with a certified copy, designation of Registered Agent, and a Certificate of Status. Please file the original of the enclosed Articles of Organization and return a certified copy and the Certificate of Status to the undersigned.

If there are any questions, please do not hesitate to contact this office. Thank you for your assistance in this matter.

Sincerely,

  
Joan M. Mays  
Paralegal to Bret A. Moore

Enclosures as noted

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FLORIDA

**SKINDEEP CLINIC, LLC**  
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**SKINDEEP CLINIC, LLC**

**ARTICLE II - Address**

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

SKINDEEP CLINIC, LLC  
4012 Commons Drive, STE 120  
P.O. Box 519  
Destin, FL 32540

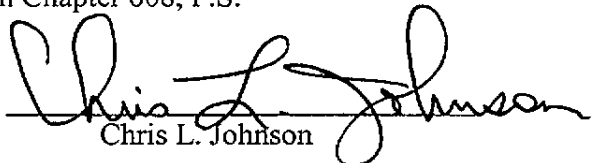
**ARTICLE III - Registered Agent, Registered Office,  
& Registered Agent's Signature**

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

CHRIS L. JOHNSON  
4067 Drifting Sand Trail  
Destin, FL 32541

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.

Dated this 5 day of January, 2006.

  
Chris L. Johnson

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TALLAHASSEE, FLORIDA

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#### Article IV - Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member managed company.

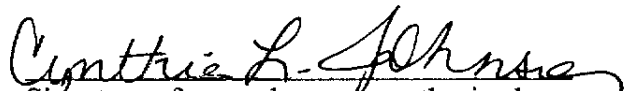
#### ARTICLE V - Duration

This Limited Liability Company shall have a perpetual existence commencing on the filing of the Articles of Organization.

(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.)

Dated this 5 day of January, 2006.

Member - Cynthia L. Johnson  
a/k/a Cindy L. Johnson

  
Signature of a member or an authorized  
representative of a member

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TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**

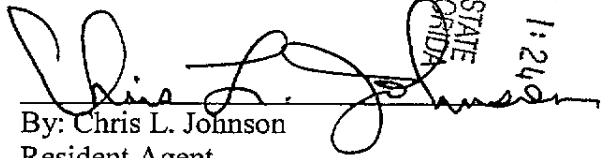
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First-That, **SKINDEEP CLINIC, LLC** desiring to organize under the laws of the State of Florida with its principal office in the city of Destin, Florida, has named **Chris L Johnson**, located at 4067 Drifting Sand Trail, Destin, Florida 32541 as its agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

Dated this 5 day of January, 2006.

  
By: Chris L. Johnson  
Resident Agent

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TALLAHASSEE FLORIDA