### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000016053 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205~0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

(305) 634~3694

Fax Number

: (305)633~9696

# RIDA/FOREIGN LIMITED LIABILITY CO.

## beauty and beyond, llc

Certificate of Status	0
Certified Copy	,
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 2 0 2006

.1/19/2006 12:09 PM

P. 02



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BEAUTY AND BEYOND, LLC

#### ARTICLE I

The name of the Limited Liability Company shall: BEAUTY AND BEYOND, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 2050 ANDROMEDA LANE, WESTON, FL 33327

#### ARTICLE IV

The name of the Managing Member(s) shall be: MANAGING MEMBERS
NASRIN BEIGAGHA

#### ARTICLE V

The name and the Florida street address of the registered agent: STANLEY I. FOODMAN P.A. CERTIFIED PUBLIC ACCOUNTANT, 1201 BRICKELL AVENUE, #610, MIAMI, FL 33131

H060000/16053

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

#### BEAUTY AND BEYOND, LLC



Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Stanley Grandon Agent Agent

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.)

Typed or printed name of signee

H06000016053