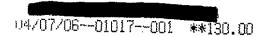
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Special Instructions to	o Filing Officer:	
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Office Use Only



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SUBJECT		EUROGAU (Name of Limite	L SKIV	VCARE.		
		f Organization and fee(s) are s		_		
Please retui	rn ali corresp	oondence concerning this matte	er to the following	; :		
·		Sic	BHAN (SAUL		i。
		(Name of Person)			2005
		EUROGAUL	SKINCAR	ie		APR.
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For further	information	concerning this matter, please	call:			
	Siobha	N GAUL	at (850	433-	2855	
	(Name	of Person)	(Area Cod	e & Daytime Te	elephone Number)	
Enclosed i	s a check fo	or the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Find Copy (additional copy	iling Fee & y is enclosed)	S160.00 Fill Certificate of S Certified Copy (additional copy is	status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation duilding ecutive Center see, FL 32301	ns	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
EUROGAUL SKINCARE. "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:
1431, N. 12 th Aue, Pensacoka Pensacoka Pensacoka Feorida 32503 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 anothe business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Sightan Gaul Name 1431, N. 12 Aug. Pensacola, Florida street address (P.O. Box NOT acceptable) Pensacola 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)

(CONTINUED) Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Use attachment if necessary) J.E. V: Effective date, if other than the date of filing ective date is listed, the date must be specific and lays after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an author (In accordance with section 608.408) of this document constitutes an affirm that the facts stated herein are true.	
LE V: Effective date, if other than the date of filing ective date is listed, the date must be specific and lays after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an affirm that the facts stated herein are true.	BHAN GAUL 11, 10.12 Aug. Pensorola, Florida,
LE V: Effective date, if other than the date of filing ective date is listed, the date must be specific and lays after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an affirm that the facts stated herein are true.	
LE V: Effective date, if other than the date of filing ective date is listed, the date must be specific and lays after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an affirm that the facts stated herein are true.	2006 APR
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Signature of a member or an author (In accordance with section 608.408(of this document constitutes an affirm that the facts stated herein are true.	April 4 - 2006. (OPTIONA cannot be more than five business day
(In accordance with section 608.408(of this document constitutes an affirm that the facts stated herein are true.	
of this document constitutes an affirm that the facts stated herein are true.	ed representative of a member.
SIOBHAN	Florida Statutes, the execution ion under the penalties of perjury
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Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)