## LU60000122336

(	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
-	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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Office Use Only



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DEPARTMENT OF STATE
DIVISION OF CORPORATION
DIVISION OF SEE, FLORIDA

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ACCOUNT NO. : 072100000032	
REFERENCE: 687948 4144K	71
AUTHORIZATION:	
COST LIMIT: \$ 125	m
	ب - بي ده
ORDER DATE: December 27, 2006	<u>F</u>
ORDER TIME: 2:58 PM	
ORDER NO. : 687948-005	
CUSTOMER NO: 4144K	
DOMESTIC FILING	
NAME: SKINFIT LLC	
•	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Harry B. Davis - EXT. 2926	
EXAMINER'S INITIALS:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: SKINFIT 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: Calle Aquilino De La Guardia No. 8 IGRA Buildign, 2nd Floor Panama, Republic of Panama 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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee City, State, and Zip

Corporation Service Company

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 (REQUIRE

Harry B. Davis Asst. Vice President

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:	
MGR		Ezequiel Ruiz Calle Aquilino de la Guardia, No. 8	
		Panama, republic of Panama	
<del></del>			
(Use attachment if r	• •		
ARTICLE V: Effective date (If an effective date is listed to or 90 days after the date	, the date must be spe	of filing: cific and cannot be more than five b	(OPTIONAL) pusiness days prior
<u>REOUIRED</u> SIGN	ATURE:		
	Jengen	Associate and the second secon	:
(lr of	n accordance with section (	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
_	<sup>By:</sup> George Menci	•	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)