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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			-
SUBJECT: <u>SK</u>	in Sereniti (Name of Limite	Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
ori	Clark	Name of Person)	
	(Name of Person)	
		W: (O	
1. 6	. 1	(Firm/Company)	
	Halton	(Address)	
$\subset \Omega$		235011	
_SE 1-1	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Lori Cl	arK	at (813) 716-	3415
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
Skin Sevenity by (Must end with the words "Limited Liability Company, "Limited Com	ori LC upany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
406 E. Bloomingdale Ave. Brandon, Fl 33511	HOLD E. Bloomingdale Ave Brandon, FL 33511
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	ice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regist	ered agent are:
Lori Clark	
Name 104 Halta Florida street address (Seffner FL City, State, and Zi	P.O. Box NOT acceptable) 33584
Having been named as registered agent and to accept liability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete performaccept the obligations of my position as registered.	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Registered Agent's Signature (I	SEQUIRED) ALLAND TALLAND F
(CONTINUEL Page 1 of 2	ARY OF S

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" = Managing	Member	Name and Address:	
MGR	÷ .	Lori Clark 104 Halfon Circle Seffner, FL 33584	
	-		
Alea attachment if was	essary)		
(Use attachment if nece			
TICLE V: Effective date, if	e date must be spe filing.)	of filing: ecific and cannot be more than five b	
TICLE V: Effective date, if an effective date is listed, the or 90 days after the date of	te date must be speniling.) TURE:		usiness days pi

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)