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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**XOLUXION BIOCOSMETICS LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**XOLUXION BIOCOSMETICS LLC**

**ARTICLE II - Address**

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

**Principal Office Address:**

621 NW 53<sup>RD</sup> STREET, SUITE 240  
Boca Raton, FI 33487

**Mailing Address:**

621 NW 53<sup>RD</sup> STREET, SUITE 240  
Boca Raton, FI 33487

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**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature:**

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

**Federico M Gomez**  
621 NW 53<sup>RD</sup> Street, Suite 240  
Boca Raton, FI 33487

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

#### ARTICLE IV

##### Manager and Managing Member.

The name and address of each Manager or Managing Member is as follows:

**Title**  
Managing Member

**Name and Address:**  
Federico M Gomez  
621 NW 53<sup>rd</sup> St, suite 240  
Boca Raton, FL 33487

Managing Member

Aidee Dominguez Ortiz  
621 NW 53<sup>rd</sup> St, suite 240  
Boca Raton, FL 33487

Manager

Mercedes Rodriguez  
621 NW 53<sup>rd</sup> St, suite 240  
Boca Raton, FL 33487

**Required Signature:**

  
Signature of a member or 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.)

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