

L080000002184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

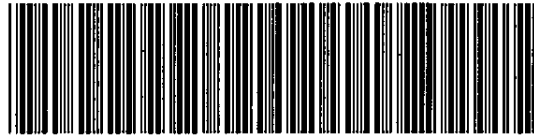
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600113459356

01/04/08--01024--012 \*\*155.00

FILED  
08 JAN -4 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A.**

ATTORNEYS AT LAW  
2550 BRICKELL BAYVIEW CENTRE  
80 S.W. 8TH STREET  
MIAMI, FLORIDA 33130

JUAN E. RODRIGUEZ

TELEPHONE (305) 379-1681  
TELECOPY (305) 374-1719  
EMAIL: JRODRIGUEZ@SKORLAW.COM

January 3, 2008

**Via Federal Express**

Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Perfect Silhouette, LLC  
Our File No. 07-7564

Dear Sir or Madam:

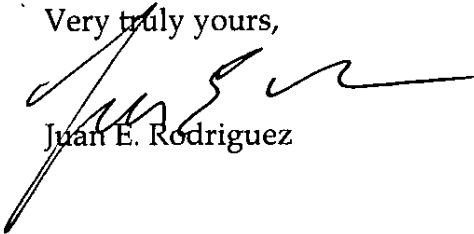
Enclosed are Articles of Organization for Perfect Silhouette, LLC (the "Articles") to be filed with your office. Also enclosed is my firm's check in the amount of One Hundred Fifty Five and NO/100 (\$155.00) Dollars representing the following:

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	\$ 30.00

After the Articles have been filed, please return the certified copy to me in the self addressed stamped envelope provided.

Thank you for your cooperation in this matter and should you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Juan E. Rodriguez

JER/rm  
Enclosure

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
**08 JAN -4 AM 9:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**Article I**

The name of the Limited Liability Company is:

Perfect Silhouette, LLC

**Article II**

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

80 S.W. 8<sup>th</sup> Street, Suite 2550  
Miami, Florida 33130

**Article III**

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

Juan E. Rodriguez, Esq.  
80 S. W. 8<sup>th</sup> Street  
Suite 2550  
Miami, Florida 33130

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.

Resident Agent Signature: \_\_\_\_\_

Juan E. Rodriguez, Esq.

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
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.)

Juan E. Rodriguez, as an authorized representative

Type or printed name of signee