

L08000074803

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000187502 3)))



H080001875023ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Beauty Works Success Studio, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

08 AUG -4 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 AUG -4 AM 10:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG - 5 2008

EXAMINER

H-08000187502-3

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

BEAUTY WORKS SUCCESS STUDIO, LLC

**ARTICLE II ADDRESS**

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

1762 THOMASVILLE RD  
TALLAHASSEE, FLORIDA 32308

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

PO BOX 180538  
TALLAHASSEE, FLORIDA 32318**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

DEBORAH NEWTON  
1762 THOMASVILLE RD  
TALLAHASSEE, FLORIDA 32308

Having been named as registered agent 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.

x   
DEBORAH NEWTON / Registered Agent's signature

FILED  
08 AUG -4 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14-08000187502-3

PAGE 2

BEAUTY WORKS SUCCESS STUDIO, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER


DEBORAH NEWTON

PO BOX 180538

TALLAHASSEE, FLORIDA 32318

FILED  
08 AUG -4 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

x



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.

DEBORAH NEWTON