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To:

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

L. SELLERS

DEC -1 2008

From:

Account Name : KOCH & COMPANY, CPAS, P.A.
Account Number : I19990000002
Phone : (941) 637-0544
Fax Number : (941) 637-9693

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

S.C. SALON COSMETIC WHOLESALE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
S.C. SALON COSMETIC WHOLESALE, LLC**

ARTICLE 1 - NAME

The name of the Limited Liability Company is S.C. SALON COSMETIC WHOLESALE, LLC, (hereinafter, "Limited Liability Company").

ARTICLE 2 - ADDRESS

The street address of the principal office of this Limited Liability Company shall be:
4353 Boyer Terrace, North Port, FL 34288

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:
Solomon Rosenberg, 4353 Boyer Terrace, North Port, FL 34288

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

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.

By: _____

Solomon Rosenberg, Registered Agent

By: _____

Solomon Rosenberg, Organizing Member

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