

LO8000110373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

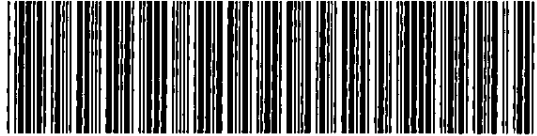
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08000051150

Office Use Only



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11/06/08--01017--009 **130.00

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08 NOV -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 2 2008

EXAMINER

EFFECTIVE DATE 11-03-08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu Skin Solutions, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Moulavi

(Name of Person)

Nu Skin Solutions, LLC

(Firm/Company)

2284 Red Ember Rd.

(Address)

Oviedo, Florida 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbi Moulavi

(Name of Person)

at (407) 421-6265

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

08 NOV -8 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2008

2284 RED EMBER ROAD

OVIEDO, FL 32765

SUBJECT: NU SKIN SOLUTIONS, LLC
Ref. Number: W08000051150

We have received your document for NU SKIN SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 6, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 308A00056730

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nu Skin Solutions, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2284 Red Ember Road
Oviedo, Florida 32765

Mailing Address:

P.O. Box 608846
Orlando, Florida
32860

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Debbie Moulavi

Name

2284 Red Ember Road

Florida street address (P.O. Box **NOT** acceptable)

Oviedo, FL 32765

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Debbie Moulavi

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 11-03-08

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Debbie Moulavi
2284 Red Ember Rd.
Oviedo, FL 32705

MGR

Mary Eikert
516 Lanarkshier Place
Apopka, FL 32712

MGR

Dr. Rita Laracvente
14325 Bending Branch Court
Orlando, FL 32824

(Use attachment if necessary)

On

ARTICLE V: Effective date, if other than the date of filing: 11/03/2008 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Debbie Moulavi

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.)

Debbie Moulavi

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)