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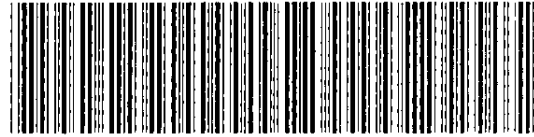
(Business Entity Name)

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05/18/09--01002--008 \*\*155.00

RECEIVED  
09 MAY 15 PM 4:43  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAY 15 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 18 2009  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ASHLEY SMITH

**DATE:** 05-15-2009

**REF. #:** 001646.104388

**CORP. NAME:** NATURAL BEAUTY CARE DISTRIBUTORS, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 530 323 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
NATURAL BEAUTY CARE DISTRIBUTORS, LLC  
A Florida Limited Liability Company**

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**ARTICLE I - Name**

The name of the limited liability company is **NATURAL BEAUTY CARE DISTRIBUTORS, LLC** (the "Company").

**ARTICLE II - Principal Office**

The mailing address and street address of the principal office of the Company is 515 East Park Avenue, Tallahassee, Leon County, Florida 32301.

**ARTICLE III - Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV - Management**

The Company is to be manager managed and the name and address of the initial manager is:

**ALAN COHEN  
515 East Park Avenue  
Tallahassee, Florida 32301**

**ARTICLE V - Admission of Additional Members**

*The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.*

**ARTICLE VI - Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

  
\_\_\_\_\_  
**KARI ROSENFELD, Authorized Representative**

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **NATURAL BEAUTY CARE DISTRIBUTORS, LLC.**
2. The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

**CORPDIRECT AGENTS, INC.**

By: Katie Wonsch  
Print Name: Katie Wonsch  
Title: Assistant Secretary