

L09000064156



200155660192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

05/21/09--01005--002 **125.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

EFFECTIVE DATE
6/29/09

FILED
09 JUL - 1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Special Instructions to Filing Officer:

Laurie **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *eff date*
DATE 7/2/09
DOC. EXAM. _____

Office Use Only

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Keratinology, L.L.C.
(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:

Laurie Bolch Schrier, Esquire
(Name of Person)

Laurie Bolch, P.A.
(Firm/Company)

562 East Woolbright Road, #217
(Address)

Boynton Beach, Florida 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Bolch Schrier, Esquire at (**561**) **265.0112**
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2009

LAURIE BOLCH SCHRIER, ESQ.
562 EAST WOOLBRIGHT ROAD, #217
BOYNTON BEACH, FL 33435

SUBJECT: KERATINOLOGY, L.L.C.
Ref. Number: W09000024304

We have received your document for KERATINOLOGY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 5/21/09.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00017486

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Keratinology, L.L.C.

(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:

Mailing Address:

320 Plaza Real, #305

Boca Raton, Florida 33432

c/o Laurie Bolch, P.A.

562 East Woolbright Road, #217

Boynton Beach, FL 33435

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 the business entity with an active Florida registration.)

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

Laurie Bolch Schrier, Esquire

Name

562 East Woolbright Road, #217

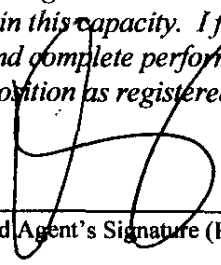
Florida street address (P.O. Box NOT acceptable)

Boynton Beach, FL 33435

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.



Registered Agent's Signature (REQUIRED)

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:

Member

Diamond Enterprises, L.L.C.

320 Plaza Real, #305

Boca Raton, Florida 33432

Member

Khaled Mokheiche

403A Sedgfield Drive

Mt. Laurel, New Jersey 08054

MGMR

Parawest, L.L.C.

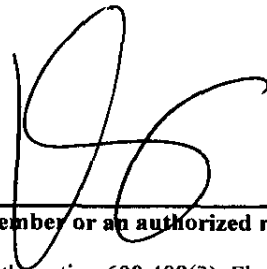
41 Mercedes Way, Unit 34

Edgewood, New York 11717

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing 6/29/09. (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:



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.)

Laurie Bolch Schrier, Esquire

Typed or printed name of signee

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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)