

FILED  
2010 JAN 28 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To whom it may concern,

Please accept my application for a LLC. I will be a Florida resident on Feb 20, 2010.

My Florida address will be 7861 Hawthorne Drive, #504, Naples, FL 34113

My cell phone number is 989-245-7727 and is my daytime phone number.

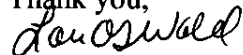
My current address is: 2628 North Brownwood Trail, Midland, MI 48642.

I would like to request my LLC to be for the Florida address, but would like my letter of

Acknowledgment and certificate mailed to the Michigan address if it will be received

before 2/20/2010.

Thank you,



Lori Oswald

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Personal Skin Solutions L.L.C.  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Lori Oswald

Name of Person

(see cover letter - typed)

Firm/Company For L.L.C.

Until 2/20/2010

2628. N. Brownwood Trail.

7861 Hawthorne Drive

Midland, MI 48642

Address

# 504

Naples, FL 34113

City/State and Zip Code

lorio1@sbcglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Oswald

Name of Person

at ( 989 ) 245-7727

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Personal Skin Solutions 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:

7861 Hawthorne Drive  
#504  
Naples, FL 34113

#### Mailing Address:

Same

### 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:

Lori Oswald

Name

7861 Hawthorne Drive #504

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

Naples, FL 34113

City, State, and Zip

*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..*

Lori Oswald

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Lori Oswald  
7861 Hawthorne Dr  
#504, Naples, FL 34113

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11 / 2010 (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:**

Lori Oswald  
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.)

Lori Oswald  
Typed or printed name of signee

**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)