Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROSINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. M3 Cosmetic Labs, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. HAWKES
JUN 1 8 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

M3 Cosmetic Labs, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

330 Carswell Avenue Holly Hill, Florida 32117-4416 330 Carswell Avenue Holly Hill, Florida 32117-4416

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:

William F. Jennings

Name

330 Carswell Avenue

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

Holly Hill

FL 32117-4416

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..

Registered Agent's Signature (REQUIRE)

(CONTINUED) Page 1 of 3

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ARTICLE IV- Manager(s) (r Managing Member(s):	
	Manager or Managing Member is as follows.	
<u>Title:</u>	Nume and Address:	in the second se
"MGR" = Manager		
"MGRM" = Managing Membe	ČT.	
MGR	William F. Jennings 330 Carswell Avenue	•
	Holly Hill, FL 32117-4416	-
MGR	Mary L. Joshua	
	P.O. Box 6341	
	Sherwood, AR 72124	
MGR	Martha H. Joshua	
	58 Vigne Blvd.	19-14-1 4-14-14-1
	Little Rock, AR 72223	
MGR	John T. Regan	
	330 Carswell Avenue	
	Holly Hill, FL	
	•	

ARTICLE V: Effective date, if other than the date of tiling: (JANOTTIO) (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 Statules, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William F. Jennings
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30,00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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ARTICLE IV- Manager(s) or Managing Member(s): CONTINUED
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SUM 17 MI 9: 55

MGR

Christine Lunday
330 Carswell Avenue
Holly Hill, FL 32117-4416