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COVER LETTER

| TO: Registration Division of | n Section Corporations | , | | |
|------------------------------|---|--|---|-------------|
| SUBJECT: | SKinLogica, LU | 1 | | |
| | Name of Limited L | iability Company | | |
| The enclosed Articles | s of Organization and fee(s) are subr | nitted for filing. | | |
| Please return all corre | espondence concerning this matter to | the following: | | |
| | Kevîn E. | BOWIS ne of Person | | |
| | | | | |
| | Fin | m/Company | | |
| | 5785 MANGO | Cic | | |
| | 3,00 | Address | 5 | 22 |
| | Maroles Fr. | 34110 | | 2016 DIC |
| | City/Sta | 34110 ate and Zip Code CAM @ GMCil · COM uture annual report notification) | - (| |
| | # Skinlogicat | eam@gmail.com | | |
| | E-mail address: (to be used for fi | ature annual report notification) | 219 | TO I |
| For further information | on concerning this matter, please cal | l: | | |
| Kevin E. | Bouis at | (813) 767-7700 Area Code & Daytime Telephone Num | nber | 6 |
| Enclosed is a check | for the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certific | O Filing F cate of Stated ed Copy nal copy is en | tus & |
| | 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: | | | |
| SkinLogica | ,UC | | |
| (Must end with the words "Limited Liability | ty Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Co | mpany | is: |
| Principal Office Address: | Mailing Address: | | |
| 5785 MANONCIC | 5785 MANNOCIC | | |
| 5785 MANGO Cir- Naples, FL 34110 | 6785 MANGOCIC- Naples, FL 34110 | | |
| , | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | | | [] |
| The name and the Florida street address of the re | egistered agent are: | $\overline{\omega}$ | 14447 |
| PUNIN E. Br | ou is | 70 | , |
| <u>Kewin E. Bowis</u> | | E E | 4 |
| 5785 MANGO C | ress (P.O. Box NOT acceptable) | <u>o</u> | |
| | | | |
| Noches, | <u>FL 34/10</u> te, and Zip | | |
| City, Stat | w, mu cip | | |

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)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (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 efficient variable resolution of this document, constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)