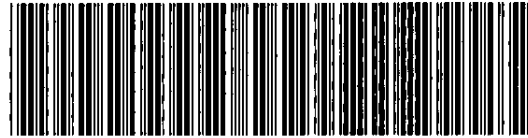


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08/26/11--01013--014 **130.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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11 SEP 12 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-44748

J. BRYAN

SEP 13 2011

EXAMINER

MARC A. TENNEY, P.A.
ATTORNEY AT LAW

7011 Central Avenue
Suite B
St. Petersburg, Florida 33710

Tel. (727) 321-5370
Fax (727) 323-6044
mtenney@tampabay.rr.com

February 7, 2011

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
11 SEP 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In re: INCORPORATION OF GOOD SKIN FAIRY ENTERPRISES LLC

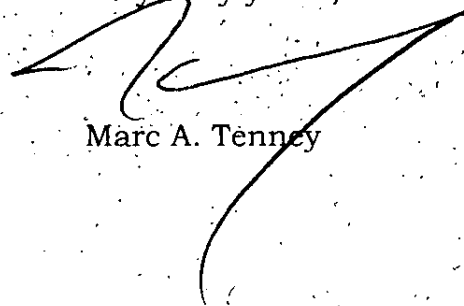
Dear Sir:

Enclosed please find original and one copy of ARTICLES OF ORGANIZATION and CERTIFICATE OF DESIGNATION OF RESIDENT AGENT, along with a check in the amount of \$130 for the appropriate filing fee regarding the above styled corporation.

After examination, if the same meets with your approval, please file and return a CERTIFICATE OF STATUS to the undersigned attorney.

Thank you for your cooperation and assistance in this matter.

Very truly yours,



Marc A. Tenney

MAT/pmf
Enclosures

Cc: Gina Gathings



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2011

MARC A. TENNEY
MARC A. TENNEY, P.A.
7011 CENTRAL AVENUE SUITE B
ST. PETERSBURG, FL 33710

SUBJECT: GOOD SKIN FAIRY ENTERPRISES, LLC
Ref. Number: W11000044748

FILED
11-SEP 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GOOD SKIN FAIRY ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 811A00020107

MARC A. TENNEY, P.A.

ATTORNEY AT LAW

7011 Central Avenue
Suite B
St. Petersburg, Florida 33710

Tel. (727) 321-5370
Fax (727) 323-6044
mtenney@tampabay.rr.com

September 9, 2011

Florida Dept. of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attn: JOEY BRYAN
REGULATORY SPECIALIST II

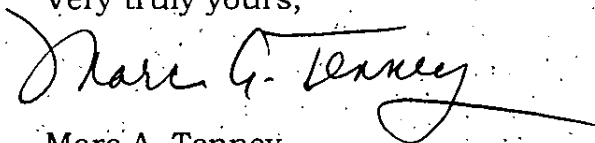
In re: ARTICLES OF ORGANIZATION OF
GOOD SKIN FAIRY ENTERPRISES

Dear Mr. Bryan:

Enclosed please find original Articles of Organization regarding the above referenced matter along with a copy of your 8/29/11 correspondence.

Thank you for your assistance in this matter.

Very truly yours,



Marc A. Tenney

MAT/pmf
Enclosures

FILED
11 SEP 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

GOOD SKIN FAIRY ENTERPRISES, LLC

FILED
19 SEP 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is **GOOD SKIN FAIRY ENTERPRISES, LLC.**

ARTICLE II

ADDRESS

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

Principal Office Address:

340 – 1st Street No.
Unit E
St. Petersburg, FL 33701

Mailing Address:

340 – 1st Street No.
Unit E
St. Petersburg, FL 33701

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV


MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who is/are designated, appointed and elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

The managing member(s) shall carry out and further the decisions and actions made under/pursuant to the operating agreement and shall be authorized to execute any and all reports, form, instruments, documents, papers, writing, agreements

and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, real property closing documents, including HUD statements, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, that are necessary, appropriate or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


GINA GATHINGS
Authorized Representative

FILED
14 SEP 12 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME the undersigned authority, personally appeared GINA GATHINGS, who is personally known to me and after being duly sworn, deposes and says that the facts contained in the foregoing are true and correct to the best of her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this 9th day of September, 2011.


NOTARY PUBLIC


PRISCILLA M. FOLEY
Commission # EE 040805
Expires December 2, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is **GOOD SKIN FAIRY ENTERPRISES, LLC.**

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

GINA GATHINGS
340 – 1st Street No.
Unit E
St. Petersburg, FL 33701

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SEP 12 AM 8:20
SECRETARY OF STATE
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 property and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


GINA GATHINGS, Registered Agent

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME the undersigned authority, personally appeared GINA GATHINGS, who is personally known to me and after being duly sworn, deposes and says that the facts contained in the foregoing are true and correct to the best of her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this 9th day of September, 2011.


NOTARY PUBLIC

