L11000116350

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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EXAMINER



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2011

ERIN S. TUSA 244 MATTIES WAY DESTIN, FL 32541

SUBJECT: EMNUSKIN L.L.C. Ref. Number: W11000049806

We have received your document for EMNUSKIN L.L.C. and your check(s) totaling \$160.00. 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.

The registered agent must sign accepting the designation.

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) 245-6094.

Letter Number: 011A00022239

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EMNuSkin L.L.C.		
50202011	l Liability Company	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Erin S. Tusa	N C Danson	
ı	Name of Person	
EMNuskin		
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
244 Matties Way		
	Address	 (
Destin, FL 32541		ZOII O
City/	State and Zip Code	
emnuskin2011@gmail.com		SS
E-mail address: (to be used for	r future annual report notification)	ETARY-OF ST
For further information concerning this matter, please	call:	OF STA
Erin S. Tusa	at (850) 217-6349	S S S
Name of Person	Area Code & Daytime Telephone N	fumber .
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EMNuSkin L.L.C.		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Erin S. Tusa		
	Name of Person	
EMNuskin		
	Firm/Company	
244 Matties Way		
	Address	201 7 <u>a</u> t
Destin, FL 32541		
emnuskin2011@gmail.com	City/State and Zip Code	IARY-OF S
	d for future annual report notification)	E I
For further information concerning this matter, plea	ase call:	STATE OF
Erin S. Tusa	at (850) 217-6349	> '
Name of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \text{\$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	Street/Courier Address Registration Section	ŀ

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EMNuskin L.L.C.	
(Must end with the word	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
244 Matties Way	244 Matties Way
Destin, FL 32541	Destin, FL 32541
Destin, FL 32541 ARTICLE III - Registered Agen	Destin, FL 32541 Registered Office, & Registered Agent's Signature:
Destin, FL 32541 ARTICLE III - Registered Agen (The Limited Liability Company cannot serve	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or and the one.)
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registra	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or and the one.)
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registra.) The name and the Florida street ad	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or and that on.) ess of the registered agent are:
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registra.) The name and the Florida street ad	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another on.) ess of the registered agent are: Name S Way
Destin, FL 32541 ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad Erin S. Tusa 244 Matti	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or and that on.) ess of the registered agent are:
Destin, FL 32541 ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad Erin S. Tusa 244 Matti	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another on.) ess of the registered agent are: Name S Way

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

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
"MGRM" = Managing Member				
MGRM	Erin S. Tusa			
	244 Matties Way			
	Destin, FL 32541			
MGRM	Melissa A. Tusa			
	713 Vintage Ct.			
	Destin, FL 32541			
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(Use attachment if necessary)		ADA	8 9	

ARTICLE V: Effective date, if other than the date of filing: September 19, 2011 (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. 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.)

Erin S. Tusa

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)