

L12000022752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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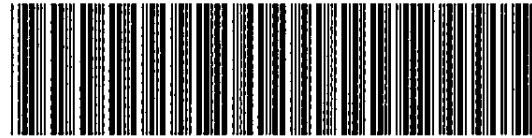
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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February 10, 2012

FL Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: LAMED MOISTURIZER INFUSER, LLC**

Dear Sir/Madam:

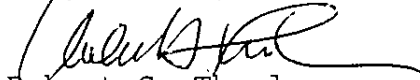
Enclosed are the following:

1. Articles of Organization of limited liability company and one copy.
2. Acceptance of Registered Agent.
4. \$125.00 filing cost.

Please process this new entity and return a time stamped copy for my files.

Thank you for your assistance with this request. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Robert S. Thurlow

RST:jkm  
Enclosure(s)  
cf: Client

**ARTICLES OF ORGANIZATION  
OF  
LAMAD MOISTURIZER INFUSER, LLC**

The undersigned, for the purpose of forming a multiple single limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be **LAMED MOISTURIZER INFUSER, LLC** ("Company").

**ARTICLE II -- ADDRESS**

The street address of the principal office of the company shall be 2511 Glen Drive, New Smyrna Beach, Florida 32168, and the mailing address is 2511 Glen Drive, New Smyrna Beach, Florida 32168.

**ARTICLE III -- DURATION**

The company shall commence its existence on the date the articles of organization were filed by the Florida Department of State. The company's existence shall be perpetual.

**ARTICLE IV -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the State of Florida is **Naomi Eloise Cartwright** at 2511 Glen Drive, New Smyrna Beach, Florida 32168.

**ARTICLE V -- CAPITAL CONTRIBUTIONS**

The members of the company shall contribute all of the capital of the company in cash or property.

**ARTICLE VI -- ADDITIONAL CAPITAL CONTRIBUTIONS**

The members shall make additional capital contributions to the company as the members determine necessary.

**ARTICLE VII -- ADMISSION OF NEW MEMBERS**

No additional members shall be admitted to the company except with the written consent of the members of the company and on such terms and conditions as shall be determined by the members. A member may transfer its interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless the member of the company proposing to dispose of its interest approves of the proposed transfer by written consent.

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**ARTICLE VIII -- TERMINATION OF EXISTENCE**

The company shall be dissolved on the death, bankruptcy, or dissolution of the members or on the occurrence of any other event that terminates the continued membership of the members in the company.

**ARTICLE IX -- MANAGEMENT**

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the members of the company is:

NAME	ADDRESS
Naomi Eloise Cartwright	2511 Glen Drive, New Smyrna Beach, Florida 32168.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at New Smyrna Beach, Florida, on this            day February, 2012.

Naomi Eloise Cartwright  
NAME OF ORGANIZER:  
BY: NAOMI ELOISE CARTWRIGHT  
Naomi Eloise Cartwright  
Applicant:  
BY: NAOMI ELOISE CARTWRIGHT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me this 10 day of February, 2012 by **Naomi Eloise Cartwright**.

Personally Known ☐ or ☒ Produced Identification  
Type of Identification FL Driver License

Jane K. Myers  
Notary Public -- State of Florida  
\_\_\_\_\_  
Print, Type, or Stamp  
Commissioned Name of Notary Public



### ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **LAMED MOISTURIZER INFUSER, LLC** as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

  
Name: NAOMI ELOISE CARTWRIGHT  
Registered Agent

Dated: February 10, 2012