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(Requestor's Name)
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B. BOSTICK
MAY 18 2012
EXAMINER

## **COVER LETTER**

. 10:		on Section f Corporations				
SUB	<sub>JECT:</sub> Bea	auty and Health from	Within, L	LC		
201		Name of Limited				•
The	enclosed Articl	es of Organization and fee(s) are su	bmitted for filin	g.		
Plea	se return all cor	respondence concerning this matter	to the following	g:		
	Grazyr	na A. Pajunen				
		,	lame of Person			
		F	Firm/Company	- <del></del>		
	226 Inl					
	230 1111	et Way	Address			
	Palm Be	ach Shores, FL 33404				
•		•	State and Zip Code	e		
	Gaplnve	stments@gmail.com  E-mail address: (to be used for	fictions commissions	out notification)		
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For f	urther informat	ion concerning this matter, please c	all:		2 MAY I EURLIA LLAHAS	
Gra	azyna A. Pa	ajunen	<sub>at (</sub> 561	272-5779	7 17 ASSE	7200
•	, Na	ame of Person	Area Code	& Daytime Telephone N	lumber 📉 🚍	
Encl	osed is a chec	k for the following amount:	•		AH 10: 22 Of State of Florid	
<b>]</b> \$125.	00 Filing Fee	▼\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	py Certi y is enclosed) Certi	0.00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B	ourier Address  ion Section of Corporations duilding ecutive Center Circle	:	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### Beauty and Health from Within, LLC

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

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
236 Inlet Way	236 Inlet Way
Palm Beach Shores, FL 33404	Palm Beach Shores, FL 33404

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:

Grazyna A. Pajunen	$\mathbb{F}_{S}$		
Name		2	
236 Inlet Way	出名	MAY	******
Florida street address (P.O. Box NOT acceptable)	SSE	7	1 Dames
Palm Beach Shores <sub>FL</sub> 33404	The second	2	
City, State, and Zip	0 7.5 7.5 7.5	ö	
	医医	N	

Having been named as registered agent and to accept service of process for the above stated timited 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 Agen's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Grazyna A. Pajunen 236 Inlet Way Palm Beach Shores, FL 33404
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	T AH II
(Use attachment if necessary)	IO: 22 STATE LORID.
CLE V: Effective date, if other than the effective date is listed, the date must long days after the date of filing.)	22 NDA
CLE V: Effective date, if other than the effective date is listed, the date must l	e date of filing: (OPTIONAL
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	be specific and cannot be more than five business days  be specific and cannot be more than five business days  befor an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  The mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  Tajunen
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	be specific and cannot be more than five business days  output  Deform an authorized representative of a member.  18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  The period of this document is a document to the Department of State may as provided for in s.817.155, F.S.)
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