

5/21/12

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

FILED
2012 MAY 21 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000136013 3)))



H120001360133ARCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RURCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: taylorrentals@hotmail.com

RECEIVED
12 MAY 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Skin Care by Taylor LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. BRYAN

MAY 22 2012

EXAMINER

H12000136013

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Skin Care by Taylor LLC**

ARTICLE II - Address

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

Principal Office Address:

4875 Pelican Colony Boulevard

Bonita Springs, FL 34134

Mailing Address:

4875 Pelican Colony Boulevard

Bonita Springs, FL 34134

FILED
2012 MAY 21 AM 8:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Taylor Strauss

Name

4875 Pelican Colony Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Bonita Springs, FL 34134

(City / State / Zip)

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.

Taylor Strauss

Registered Agent's Signature - Taylor Strauss

H12000136013

H12000136013

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Taylor Strauss 4675 Pelican Colony Boulevard
Bonita Springs, FL 34134

(Use attachment if necessary)

REQUIRED SIGNATURE:

Taylor Strauss
Signature of a member or 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.)

Taylor Strauss
Typed or printed name of signer

FILED
2012 MAY 21 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA