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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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FILED
PHIZ: 34
SEUNETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Organic Skincare &	Bodyworx LLC
	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jayne S. Koedding	
	Name of Person
Organic Skincare & Bo	
	Firm/Company
3441 Saint Croix Ct.	Address
	Address
Punta Gorda, FL 33950	City/State and Zip Code
jkoedding@reagan.com	City/State and Zip Code
	used for future annual report notification)
For further information concerning this matter,	please call:
Jayne S. Koedding	at (941) 575-3592
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$125.00 Filing Fee \sum \frac{\sqrt{130.00 Filing Fee}}{\text{Certificate of State}}	
Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Organic Skincare & Bodyv	vorx LLC
(Must end with the words "Limite	ed 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:
3441 Saint Croix Ct.	3441 Saint Croix Ct.
Punta Gorda	Punta Gorda
FL 33950	FL 33950
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Jayne S Koedding	
	Name 30 F
3441 Saint Cı	roix Ct. 原金 字 「
Florida st	reet address (P.O. Box NOT acceptable)

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..

FL 33950 City, State, and Zip

registered Agent Salghature (REQUIRED

Punta Gorda

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Jayne S Koedding
	3441 Saint Croix Ct.
	Punta Gorda, FL 33950
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing:
ffective date is listed, the date must b	be specific and cannot be more than five business days pr
days after the date of filing.)	
REQUIRED SIGNATURE:	G 30 PM
	E C
	TO N
Signature of a memb	What A Slady Speror an authorized representative of a member.
· ·	98.408(3), Florida Statutes, the execution of this document
	er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State

Jayne S Koedding

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)