

# L12000127656

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

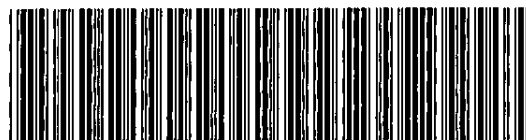
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/08/12--01001--003 \*\*310.00

RECEIVED  
DEPARTMENT OF STATE  
12 OCT - 5 PM 3:12

B. BOSTICK  
OCT - 8 2012  
EXAMINER

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|                                      |                     |
|--------------------------------------|---------------------|
| NAME OF ENTITY<br><u>Loreal, LLC</u> | FOR OFFICE USE ONLY |
|                                      |                     |
|                                      |                     |
|                                      |                     |

### PICK ONE:

☒ CERTIFIED COPY    ☐ PHOTOCOPY    ☐ C.U.S.

### FILING:

☐ CORPORATION    ☒ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICE MARK/TRADEMARK    ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S.    ☐ CERTIFIED COPY    ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 10/5/12    TIME 4:00

Notes: \_\_\_\_\_

12 OCT -5 AM 10:18  
RECEIVED  
TALLAHASSEE, FL 32316

**ARTICLES OF ORGANIZATION FOR**  
**LOREAL, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **LOREAL, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **1694 Bayhill Drive, Oldsmar, Florida 34677**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the manager. The name and address of the manager is:

**RAFAEL BONA**  
**1694 Bayhill Drive**  
**Oldsmar, Florida 34677**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Manager  
by: **Rafael Bona.**

Dated this 4<sup>th</sup> day of October, 2012.

  
\_\_\_\_\_  
**Rafael Bona**  
**Manager**

12 OCT -5 AM 10:18  
TELEPHONE ROOM  
FALLS CHURCH, VA 22034

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of October, 2012, by Rafael Bona, who has produced a Florida Driver License as identification.

  
\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public



12 OCT -5 AM 10:18  
HILLSBOROUGH, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **LOREAL, LLC**
2. The name and address of the registered agent and office is:

**RAFAEL BONA  
1694 Bayhill Drive  
Oldsmar, Florida 34677**

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.



Rafael Bona

October 4, 2012  
(Date)

12 OCT -5 AM 10:18  
CLERK OF THE COURT  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA