

11/14/13

L13000160181

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H13000252597 3)))



H130002525973ABC1

**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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

FILED
13 NOV 14 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Rduarte08@yahoo.com**FLORIDA LIMITED LIABILITY CO.****Beauty Choice LLC**

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

E. Burch NOV 15 2013

~~NOV 14 2013~~

RECEIVED

13 NOV 14 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H13000252597

ARTICLE I - Name

The name of the Limited Liability Company is: **Beauty Choice LLC**

ARTICLE II - Address

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

Principal Office Address:

8203 NW 106th Avenue

Tamarac, FL 33321

Mailing Address:

8203 NW 106th Avenue

Tamarac, FL 33321

FILED
13 NOV 14 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Reyna Duarte Valles

Name

8203 NW 106th Avenue

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

Tamarac, FL 33321

(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.


Registered Agent's Signature - Reyna Duarte Valles

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

H13000252597

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

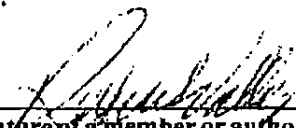
Reyna Duarte Valles - 8203 NW 106th Avenue, Tamarac, FL 33321

13 NOV 14 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

REQUIRED SIGNATURE:



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.)

Reyna Duarte Valles

Typed or printed name of signer