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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

Effective Date

2/20/14

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
VICE VERSA BEAUTY SOLUTIONS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. HAMPTON

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2/20/14

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****\* ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vice Versa Beauty Solutions 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:**600 NW 109th Ave Apt 3Miami FL 33172**Mailing Address:**600 NW 109th Ave Apt 3Miami FL 33172**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:

Manuel Soto

Name

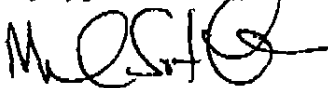
600 NW 109th Ave Apt 3Florida street address (P.O. Box NOT acceptable)Miami

FL

33172

City, State, and 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 (REQUIRED)

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Page 1 of 2

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**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

Manuel Soto

600 NW 109th Ave Apt 3

Miami FL 33172

MGRM

Jose Burgos

600 NW 109th Ave Apt 3

Miami FL 33172

MGRM

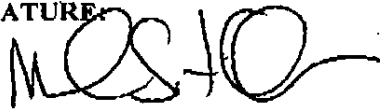
Nilda Olmo

631 Calle Pereira Leal Apt 604

San Juan PR 00923

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 20th, 2014 (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**


Signature of a member or an 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.)

Manuel Soto

Typed or printed name of signer

**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)

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