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(Re	equestor's Name)	
(Ac	ldress)	
	ldress)	
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(Ci	ty/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		j

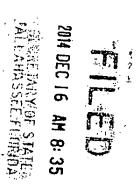
Office Use Only

EFFECTIVE DATE DIDITS



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DEC 22 2011 D. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		nited Liability Company	
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all correspondence concerning this m	atter to the following:	
	Lana Janelle Lo	undis	
	-	Name of Person	
		Firm/Company	- E
	1960 E. County H	tuv 30A	A DEC
	1 100 100 110 1	Address	C 16 F
	Santa Rosa Beac	ch, FL 32459	
	lanalandise	ity/State and Zip Code AMOUL. COM defor future annual report notifica	AH 8: 35
For furth	ner information concerning this matter, plea	ase call:	
	Name of Person at (950 <u>520 060</u> Area Code Daytime Tel	lephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$\sum \text{Certificate of Status}\$	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Centrallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Soul Skin 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1960 E. County, hwy 304 Santa Rosa Blach, FC 32459	1960 E County Huy 301 Santa Rosa Beach, Fl 3245
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Lana Janelle	Landis 5 5 7
Name	
1960 E. County	thuy 30d set of
Florida street address (P.O. Box	NOT acceptable)
Janta Kosa Beach	FL 32459
City	Zip 35
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of	rvice of process for the above stated limited liability company a t the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance
	igations of my position as registered agent as provided for in er 605, F.S
Vaug	
Registered Agent's Signat	ture (REQUIRED)
(CONTINUI	ED)

Page 1 of 2

EFFECTIVE DATE 0/01/15

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	Lana Landis 1960 E. County Huy 301 Santa Rosa Black, FL 3245
	
	-
	<u> </u>
•	
•	of filing: >) an wary 1, 2015 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sport filling.)	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spef filling.) E VI: Other provisions, if any.	
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State