

L15000011519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

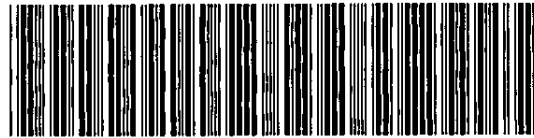
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



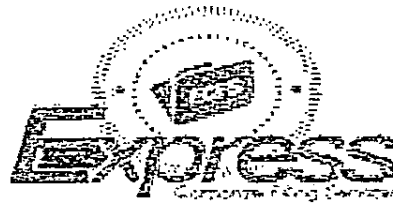
700265734137

01/21/15--01022--002 **155.00

RECEIVED
15 JAN 21 AM 10:14
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 22 2015



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Cosmelab Products, LLC
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name and address of this Limited Liability Company shall be:

CosmeLab Products, LLC

ARTICLE II - ADDRESS

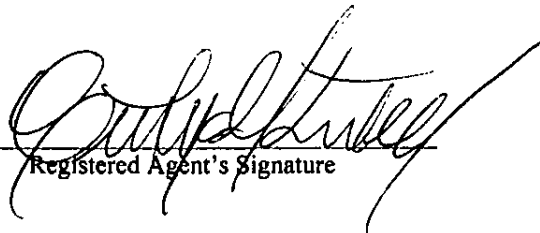
9439 Fontainebleau Blvd # 202
Miami, FL 33172

**ARTICLE III - NAME OF REGISTERED
AGENT, ADDRESS OF REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be

Cinthya Longarte
9439 Fontainebleau Blvd # 202
Miami, FL 33172

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 605, F.S.



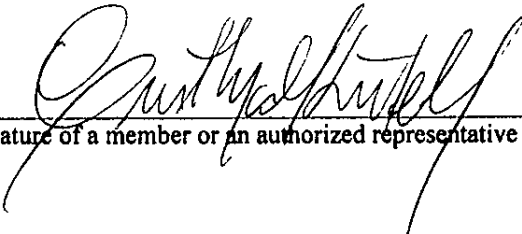
Registered Agent's Signature

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ARTICLE IV - MANAGEMENT

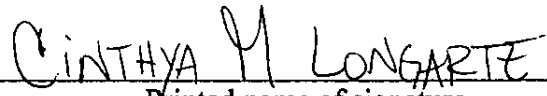
The Limited Liability Company is to be managed by one or more managers and is; therefore, a manager-managed company.

Cinthya Longarte "MGRM" 100%
9439 Fontainebleau Blvd # 202
Miami, FL 33172



Signature of a member or an authorized representative of a member.

(In accordance with section 605.02.03(1)(b), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are true)



Printed name of signature

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