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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TYQCOZ LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
L'OrEal Major Name of Person
TYACEX LLC. Firm/Company
135 Write DR. Apt L1
Tallahassee, T.L. 32204 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
L'Or Eal Martor at (180) 273-8000 Name of Reson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(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: Mailing Address:
Bowkite DR. Apt Ll Tallahablee, Fl. 30001 Tallahable, Fl.
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:
L'oreal T March
Name no in
135 White DR. Aph LI 38 =
Florida street address (P.O. Box NOT acceptable)
Tarasse FL 30304 City 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 605, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR AHBR	L'oreal major. Aprillande Tavanasse FL. 50304
E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date ective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) 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 constitutes a third degree felon	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 y as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be specifilling.) 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 constitutes a third degree felon	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 y as provided for in s.817.155, F.S.)

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