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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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## **COVER LETTER**

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|---------------|------------------------------|--|------------------|---|----------------------------|---|---------------------|
| SUBJECT       | EPILATE                      | LLC.   |                  |   |                            |   |                     |
| SUBJECT       |                              | Name of I  | Limited Liabil   | ity Company   |                            | -   |                     |
| The enclose   | sed Articles o               | f Organization and fee(s)  | are submitted    | for filing.   |                            |   |                     |
| Please retu   | arn all corresp              | ondence concerning this  | matter to the    | following:  |                            |   |                     |
|               | Tatyana Re                   | shetnikova   |                  |   |                            |   |                     |
|               | <del> </del>                 |  | Name of          | Person  | -, -, -, -,                |   | ,                   |
|               | Epilate LLC                  | C.   |                  |   |                            |   |                     |
|               |                              |  | Firm/Co          | mpany   |                            |   |                     |
|               | 8913 Regen                   | nts Park Drive, suite 670  |                  |   |                            |   |                     |
|               |                              |  | Addı             | ess   |                            |   |                     |
|               | Tampa, FL                    | 33543  | 01. (0.          | 181 6   |                            |   |                     |
|               | biomemory@                   | gmail.com  | City/State ar    | d Zip Code  |                            |   |                     |
|               |                              | E-mail address: (to be us  | sed for future a | nnual report notificati   | on)                        |   |                     |
| For further i | information co               | oncerning this matter, ple   | ease call:       |   |                            |   |                     |
|               | Tatyana Res                  |  | 813              | 815-2123<br>_)  |                            | _   |                     |
|               | Nar                          | ne of Person   | Area Code        | Daytime Telephone   | e Number                   |   |                     |
| Enclosed i    | is a check for               | the following amount:  |                  |   |                            |   |                     |
| \$125.00 F    | Tiling Fee                   | \$130.00 Filing Fee & Certificate of Status  | Certifi          | 00 Filing Fec & ed Copy al copy is enclosed)  | Certificate<br>Certified ( | iling Fee,<br>e of Status &<br>Copy in constant<br>constant in constant | CRETA               |
|               | Regis<br>Divis<br>P.O. I     | ng Address<br>tration Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 |                  | Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente | er Circle                  | Y OF STATE  | SORPI<br>CED<br>CED |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Epilate LLC.   |  |  |   |  |                       |        |
|--|--|--|---|--|-----------------------|--------|
| (Must end  | d with the words "Lim  | ited Liability Company,  | "L.L.C.," or "LLC.")  |  |                       |        |
| ARTICLE II - Address: The mailing address and street   | address of the princip   | al office of the Limited L   | iability Company is:  |  |                       |        |
| <u>Princi</u>  | pal Office Address:  |  | Mailing Addre   | ess:   |                       |        |
| 8913 Regents Park Tampa, FL 33543  | Drive, suite 670   |  | Regents Park Drive, suite<br>a, FL 33543  | e 670  |                       |        |
| ARTICLE III - Registered Ag<br>(The Limited Liability Compan<br>another business entity with an<br>The name and the Florida street                 | ny cannot serve as its on active Florida registr   | own Registered Agent. You ation.)  |   | ividual or   |                       |        |
|  | Epilate LLC.   | iatyana Res)<br>Name   | netnikova   |  |                       |        |
|  |  | k Drive, suite 670   |   |  |                       |        |
|  | Florida street add   | lress (P.O. Box <u>NOT</u> acc   | entable)  |  |                       |        |
|  |  | ,  | -p.wo-0,  |  |                       |        |
| Having been named as registered  | Tampa City  d agent and to accept so   | Florida<br>State   | 33543<br>Zip  | lity company at  | the                   |        |
| Having been named as registered<br>place designated in this certificate<br>further agree to comply with the p<br>am familiar with and accept the o | City I agent and to accept so e, I hereby accept the co provisions of all statute bbligations of my positi       | Florida State ervice of process for the appointment as registered so the proper a form as registered agent as  Collect —                       | 33543 Zip zipove stated limited liabil agent and agree to act in complete performance provided for in Chapter | n this capacity.<br>e of my duties,                      | I                     |        |
| place designated in this certificate<br>further agree to comply with the p   | City I agent and to accept so e, I hereby accept the co provisions of all statute bbligations of my positi       | Florida State  ervice of process for the appointment as registered agent as  Collect —  gistered Agent's Signature                             | 33543 Zip zipove stated limited liabil agent and agree to act in complete performance provided for in Chapter | n this capacity.<br>e of my duties,                      | I                     | j.     |
| place designated in this certificate further agree to comply with the p  | City I agent and to accept so e, I hereby accept the co provisions of all statute bbligations of my positi       | Florida State ervice of process for the appointment as registered so the proper a form as registered agent as  Collect —                       | 33543 Zip zipove stated limited liabil agent and agree to act in complete performance provided for in Chapter | n this capacity. e of my duties, 605, F.S., FALLAHASSEE, | I and I 15 JUN - 3 PM |        |
| place designated in this certificate further agree to comply with the pam familiar with and accept the o   | City  I agent and to accept so e, I hereby accept the co provisions of all statute bbligations of my positi  Ref | Florida State  ervice of process for the appointment as registered agent as ion as registered agent as gistered Agent's Signature  (CONTINUED) | 33543 Zip zipove stated limited liabil agent and agree to act in complete performance provided for in Chapter | n this capacity. e of my duties, 605, F.S FALLAHASSEE    | I and I 15 JUN - 3    | ON OF  |
| place designated in this certificate further agree to comply with the part am familiar with and accept the o                                       | City I agent and to accept so e, I hereby accept the co provisions of all statute bbligations of my positi  Reg  | Florida State  ervice of process for the appointment as registered agent as ion as registered agent as gistered Agent's Signature  (CONTINUED) | 33543 Zip zipove stated limited liabil agent and agree to act in complete performance provided for in Chapter | n this capacity. e of my duties, 605, F.S., FALLAHASSEE, | I and I 15 JUN - 3 PM | CRETAR |

|  | orized Member  | Name and Address:  |             |                 |
|--|--|--|-------------|-----------------|
| "MGR" = Manag  |  | T. D. A. W. MGD  |             |                 |
|  | · · · · · ·  | Tatyana Reshetnikova, MGR  |             |                 |
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| (Use attachment i  | if necessary)  |  |             |                 |
|  | late on the Department of S  | the applicable statutory filing requirements, this   | -           |                 |
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| REOUIRED SICE  \$125.00 Filing \$ 30.00 Certifi  | in this block does not meet late on the Department of S isions, if any.  Signature of a member of a me | the applicable statutory filing requirements, this tate's records.  Color or an authorized representative of a member 605.0203 (1) (b), Florida Statutes, the execution der the penalties of perjury that the facts stated by the formation submitted in a document to the Depart only as provided for in s.817.155, F.S.)  a yped or printed name of signee  Filing Fees: | s date wil  | ocumer<br>true. |