

L1500001169366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

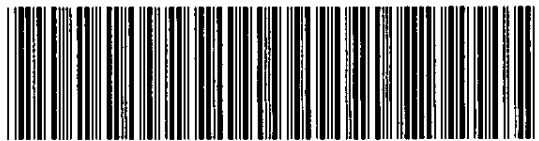
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 06 2015

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

BB SKINPRO, LLC☐ Profit☐ Nonprofit☐ Foreign☐ Limited Partnership☒ LLC**Formation**☐ Certified Copy☐ Call When Ready☒ Walk In☐ Mail Out

Name

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Call If Problem☐ Will Wait☐ Merger☐ Mark☐ Other☐ UCC☐ CUS☐ After 4:30☒ Pick Up

Order#:

9719956

Ref#:

Amount: \$

10/6/2015

KM

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is: BB SKINPRO, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3203 W. Cypress St., Tampa, FL 33607

**ARTICLE III
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE,
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, 3203 W. Cypress St., Tampa, Florida 33607.

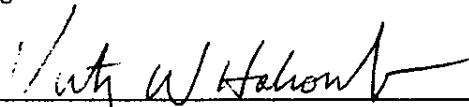
**ARTICLE V
MANAGER**

The name and address of the Manager is:

Victor W. Holcomb
3203 W. Cypress St.
Tampa, FL 33607

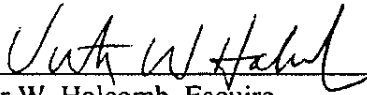
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Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.



Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 605.0201, Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Victor W. Holcomb, Esquire

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