

L16000035571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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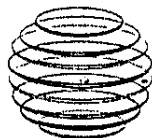


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gailgan FEB 22 2016



**Smoak Chistolini Barnett**  
TRIAL AND APPELLATE COUNSEL

320 W. Kennedy Blvd.  
4th Floor  
Tampa, FL 33606

February 4, 2016

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Registration Section

Re: **Be Present Skin Care, LLC**  
**Articles of Organization**

Dear Sir or Madam:

The enclosed Articles of Organization are submitted on behalf of **Be Present Skin Care, LLC** for filing.

Also enclosed, please find a check in the amount of \$125.00 for the filing fee.

Please return all correspondence concerning this matter to:

Timothy J. Graham  
5256 Miriam Drive  
Lakeland, Florida 33812

For further information concerning this matter, please call: Timothy J. Graham,  
863-640-5105.

Sincerely,

Electronically signed by attorney after review

Paul U. Chistolini

Enclosures

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PAUL U. CHISTOLINI, ESQUIRE



(813) 221-1331



(813) 223-7881



pchistolini@fltrialcounsel.com

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

**ARTICLE I – Name:**

The Name of the Limited Liability Company is:

**Be Present Skin Care, LLC**

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**ARTICLE II – ADDRESS**

Principle Office Address

5256 Miriam Drive  
Lakeland, Florida 33812

Mailing Address

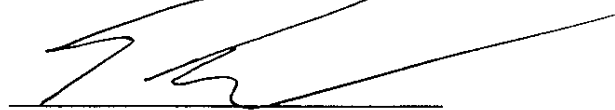
5256 Miriam Drive  
Lakeland, Florida 33812

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

The Name and the Florida street address of the registered agent are:

Paul U. Chistolini  
Smoak Chistolini & Barnett, PLLC  
320 W. Kennedy Blvd, 4<sup>th</sup> Floor  
Tampa, FL 33606

*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 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 in Chapter 608, Florida Statutes.*



Registered Agent, PAUL U. CHISTOLINI

#### ARTICLE IV – Managing Members

Title:

MGR

Name and Address:

Timothy J. Graham

5256 Miriam Drive

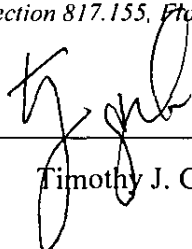
Lakeland, Florida 33812

#### ARTICLE V – Effective Date

These Articles of Organization will become effective upon filing with the Secretary of State

#### REQUIRED SIGNATURE:

*This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.*

  
\_\_\_\_\_  
Timothy J. Graham

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