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S. GILBERT

## **COVER LETTER**

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	tegistration Section Division of Corporations		
SUBJECT	Saran's Cosmetics, LLC		
SOBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fce(s	s) are submitted	for filing.
Please ren	nrn all correspondence concerning this	s matter to the f	ollowing:
	Sharon Kinnier		
		Name of	Person
	Saran's Cosmetics, LLC		
		Firm/Co	mpany
	1456 Havelka Lane		
		Addro	ess
	Big Pine Key, FL 33043		
	info@saranscosmetics.com	City/State and	d Zip Code
,	E-mail address: (to be u	ised for future a	nnual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	Sharon Kinnier	410	365-6579
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	└─¹Certific	0 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		16 APR -4 PM 1:00
Saran's Cosmetics, LLC		Ft.
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	Al-adain FLOSIUA
ARTICLE II - Address: The mailing address and street address of the principal office of the principal Office Address:	ne Limited Liability Company is:  Mailing Address:	
1456 Havelka Lane Big Pine Key, FL 33043	1456 Havelka Lane Big Pine Key, FL 33043	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	ered Agent's Signature: ed Agent. You must designate an individua	al or

Sharon Kinnier Name

1456 Havelka Lane Florida street address (P.O. Box NOT acceptable)

Big Pine Key FL 33043 City State 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

$\frac{\text{Title:}}{\text{"AMBR"}} = A_1$	thorized Member	Name and Address:
"MGR" = Mai		
MGR		Sharon Kinnier
		1456 Big Pine Key, FL 33043
	<del> </del>	
— (Use attachme		
LEV: Effective ffective date is li e of filing.)	sted, the date must be specific a	ng: (OPTIONAL)  and cannot be more than five business days prior to or 90 days  e applicable statutory filing requirements, this date will not be
LEV: Effective ffective date is li e of filing.) If the date insert cument's effective	date, if other than the date of filir sted, the date must be specific a ed in this block does not meet the date on the Department of Stat	and cannot be more than five business days prior to or 90 days e applicable statutory filing requirements, this date will not be
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ARTICLE IV-