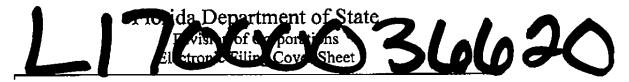
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067 ; (845)425-0077 Phone Fax Number : (845)818-3588

\*\*Enter the small address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. **SV Beauty LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FEB 20 2017

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
CLE I - Name: ame of the Limited Liability Company is:	er,
SV BEAUTY LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CLE II - Address: salling address and street address of the principal office of	
Principal Office Address:	Mailing Address:
2374 Little Country Rd	80 Central Park West, Apt 25A
Parrish, FL 34219	New York, NY 10023
CLE III - Registered Agent, Registered Office, & Re Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
	t ara-
ame and the Florida street address of the registered agen	it alc.

Name
OLL South State Road 7 Suite 106

5011 South State Road 7, Suite 106
Florida street address (P.O. Box NOT acceptable)

 Davie
 FL
 33314

 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

17 FEB 17 AM 10: 35
SECRETARY OF STATE
ALLAHASSEE FESTILE

Title:	thorized Member	Name and Address:
"MGR" = Mana		
AMBR		Timothy Fullum
	<del>_</del>	80 Central Park West, Apt 25A
		New York, NY 10023
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E V: Effective of the list of filing.)	date, if other than the date of fil ted, the date must be specific	ing: (OPTIONAL)  and cannot be more than five business days prior to or 90
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