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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Cenified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

MAR 2 0 2018 T. SCOTT



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: S & SkinCare !- LC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	NO SHOW SHOW IN WAS
Sara E Bell	
Name of Person	
Martha Wynot	
317 Garner Court	
Tallahasspe, FL 32-301 City/State and Zip Code mary not 9 @ gmail. Com	atification)
E-mail address: (to be used for future annual report no	onneactor)
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Te	elephone Number
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of C Clifton Build Tallahassee, T Tallahassee, T	ection Corporations ling ive Center Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	Same:
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The name of the Limited Liability Company is:

SEM Skincare LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
317 Garper Ct. Tallahassee, FL 32301	317 Garner (1 Tailalussee, FL 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Martha Wynet

Name

317 Garner Ct.

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

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)

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WASH WARRY OF STREET

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;	्य प्रदेश व्यक्त : ४१
MGR	Martha Wynod	
MGR	Sit Camer A Tallabassec FL 3232	21
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
(If an effective date is listed, the date mu	the date of filing:(OP ust be specific and cannot be more than five business day loes not meet the applicable statutory filing requirements, to partment of State's records.	is prior to or 50 days are:
ARTICLE VI: Other provisions, if any.	·	·
This document	re of a member of an authorized representative of a ment is executed in accordance with section 605.0203 (1) (b). It any false information submitted in a document to the Dep	Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)