

5/16/2018

Division of Corporations

**L18000122622**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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**18 MAY 16 AM 9:41**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FLORIDA LIMITED LIABILITY CO.**

**The Best Skincare, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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**ARTICLES OF ORGANIZATION  
OF  
THE BEST SKINCARE, LLC**

FILED  
18 MAY 16 AM 9:41  
SECRETARY OF STATE  
ALBANY, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**THE BEST SKINCARE, LLC**

**ARTICLE II: - Address**

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

**c/o Akerman LLP  
350 East Las Olas Boulevard  
Suite 1600  
Ft. Lauderdale, Florida 33301**

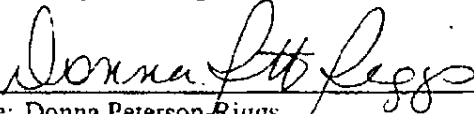
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**National Registered Agents, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324**

*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.*

National Registered Agents, Inc., Registered Agent

By:   
Name: Donna Peterson-Riggs  
Title: Assistant Secretary

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on May 16, 2018.

/s/ Andrea Fisher  
Andrea Fisher, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Andrea Fisher  
Typed or printed name of signee