

**4900016223**

Florida Department of State  
Division of Corporations  
Electronic Filing

**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.**

((H19000202517 3)))



H190002025173ABC.

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email 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.  
MERCY FOR MY SKIN LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL -1 AM 10:15  
TALLAHASSEE, FLORIDA

2019 JUL -1 PM 2:24

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

JUL 02 2019

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

**MERCY FOR MY SKIN LLC**

( Must end with 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

285 NW 27<sup>TH</sup> AVE SUITE 24 / 25  
MIAMI, FL. 33135

285 NW 27<sup>TH</sup> AVE SUITE 24 /25  
MIAMI, FL. 33135

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

( The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration )

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

**MERCEDES HERRERA**

Name

1820 SW 29<sup>TH</sup> AVE

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

MIAMI, FL. 33145

City, State, and 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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

X

Registered Agent's Signature ( Required )

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

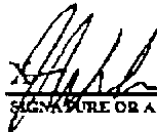
**MGR** **MERCEDES HERRERA**  
1820 SW 29<sup>TH</sup> AVE  
MIAMI, FL. 33145

**MGRM** **ASHLEY M GUTIERREZ**  
1820 SW 29<sup>TH</sup> AVE  
MIAMI, FL. 33145

( Use attachment if necessary )

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING:**  
**06/29/2019, ( OPTIONAL ) ( IF AN EFFECTIVE DATE IS LISTED, THE DATE**  
**MUST BE SPECIFIC AND CANNOT BE MORE THAN FIVE BUSINESS DAYS**  
**PRIOR TO OR 90 DAYS AFTER THE DATE OF FILLING. )**

**REQUIRED SIGNATURE:**



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

( in accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

**MERCEDES HERRERA**

Typed or printed name of signer