Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6381

From:

: BUSINESS ACCOUNTING PROFESSIONALS CORP Account Name

Account Number : I20190000020 Phone : (786)953-7449 ; (786)953-7450 Fax Number

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

Esail	Address:	 		

FLORIDA LIMITED LIABILITY CO. SKIN ELIXER SPALLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Articles of Organization Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articled of Organization:

Article 1

The name of the limited liability company is: SKIN ELIXER SPAILLC

Article II

The street address of the principal office of the Limited Liability Company is: 4640 SW 163 PATH MIAMI, FL. 33185

The mailing address of the Limited Liability Company is: 4640 SW 163 PATH MIAMI, FL. 33185

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

CLAUDIA D. LLERENA 4640 SW 163 PATH MIAMI, FL. 33185

Having been named as a registered agent and to accept service of process of 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.

Plumbo (f Registered Agent Signature:

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR CLAUDIA D. LLERENA 4640 SW 163 PATH MIAMI, FL. 33185

Title: AMBR ALIAN ALBUERNE 4640 SW 163 PATH MIAMI, FL. 33185

Article VI

The effective date of this Limited Liability Company Shall be:

08/13/2019

Signature of member or an authorized representative:

Signature:

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155. F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

850-617-6381

8/16/2019 1:27:35 PM PAGE 1/001 Fax Server



August 16, 2019

FLORIDA DEPARTMENT OF STATE

BUSINESS ACCOUNTING PROFESSIONALS CORP

,

SUBJECT: SKIN ELIXER SPA LLC

REF: W19000076215

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If you have any further questions concerning your document, please call (850) 245-6052.

Marti Simmons Regulatory Specialist II New Filing Section FAX Aud. #: H19000243001 Letter Number: 219A00016977