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 Florida Department of State  
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 Electronic Filing Cover Sheet

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To:  
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 Phone : (305)599-0839  
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**\*\*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.**

**Total Skin Care LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I NAME**

The name of this Florida Limited Liability Company is:

**Total Skin Care LLC**

**ARTICLE II - ADDRESS**

1806 35<sup>th</sup> Avenue  
Vero Beach, FL 32960

**ARTICLE III - REGISTERED AGENT**

I Maria Wood  
1806 35<sup>th</sup> Avenue  
Vero Beach, FL 32960

Having been named registered agent and to accept service of process for the above stated limited liability company at the place I designated. I hereby accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature

2-27-2020  
\_\_\_\_\_  
Date

20 FEB 27 AM 9:56

**ARTICLE IV - MANAGEMENT**

The name and address of managing members or managers:

I Maria Wood  
1806 35<sup>th</sup> Avenue  
Vero Beach, FL 32960

**ARTICLE V - COMPANY EXISTANCE**

The effective date for this Limited Liability Company shall be:

February 27, 2020

Signature

M Wood

Date

2-27-2020

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