

L20000254650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

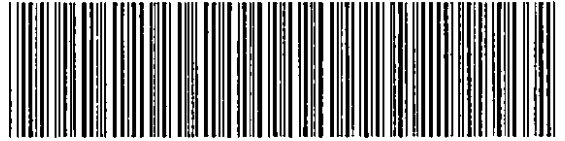
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 08/25/2020



**CERTIFIED COPY**

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**FILING**

**LLC**

1. Skinergix.LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**

The name of the Limited Liability Company is:

**SKINERGIX LLC**

**ARTICLE II.**

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

975 Arthur Godfrey Rd Ste. 206

Miami Beach FL 33140

The mailing address of the Limited Liability Company is:

2555 Collins Ave Ste. PH 202

Miami Beach FL 33140

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**ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV.**

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

ROBBINS, M ZSUZSANNA

2555 Collins Ave Ste. PH 202

Miami Beach FL 33140

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.

Suzanna Robbins

*Registered Agent's Signature*

08/20/2020

*Date:*

## **ARTICLE V.**

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

Name and Address:

Title: MGRM

ROBBINS, M ZSUZSANNA

2555 Collins Ave Ste. PH 202

Miami Beach FL 33140

Suzanna Robbins

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 s.817.155.F.S.

Suzanna Robbins

*Signature of a member or an authorized representative of a member.*

SUZANNA ROBBINS

*Typed or printed name of signee*

08/20/2020

*Date*

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