Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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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. SAKURA JEJU KOREAN SKINCARE LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Linkilling Or
The name of the Limited Liability Company is:
Sakura Jeju Korean Skincare LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
7825 NW 107 AVE ADT 521
33178 Doral Florida
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite'd Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity: with an active Florida registration.) Aymara Carmona. 7825 NW 107 AVE Abt 521 33178 Doral Florida.
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Nicole Mondragon AMBR
Luz Marina Mondragon AMBR

. . .

EIN: 93-4154380

Required Signatures:

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

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.

Having been named as registered agent and to accept service of process for tie 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)