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SHRIFCT:	GLDu	p Skincore T	nducts	
SCENECT.		Name of Limi	ited Liability Company	
The enclose	d Articles of (Organization and fee(s) are	submitted for filing.	
Please return	n all correspo	ndence concerning this mat	ter to the following:	
	(Gretta Rob	inson	
•		, , , , , , , , , , , , , , , , , , ,	Name of Person	
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_		Cendora 3330		
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) Name	e or Person An	ea Code Daytime Telephon	e Number
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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conta	op Skinco	Liability Com	pany, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Li	mited Liabi	ility Company is:	
Principa	l Office Address:			Mailing Ad	dress:
M41 NW 4Th: Hallandale 33009	St. #2 Beach Fl		2413 Hully 3305	Funstan S	othect
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	cannot serve as its ow ctive Florida registrati	n Registered Apon.)			individual or
	(quetta	robinso	\cap		
	\bigcup	Name			
	74 N.U	J. 4M S	treet s	ilik2	
	Florida street addre				
	Hallandak	Deach	FL	33004	
	City	State	_	Zip	
_		sica of process	for the abov	ve stated limited li	ability company at th

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Grefta Robinson
WILLD K	2413 Funston Street
	HOLLYWOOD FI 33020
	3
	MOST
	-/\UNE
	41 C) A 14
	NUNE
	<u> NONE</u>
(Use attachment if necessary)	
	e of filing: 12-29-2023 (OPTIONAL)
	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
(if an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.
ARTICLE VI: Other provisions, if any.	
 	
REQUIRED SIGNATURE:	1
Greth	dolon
Signature of a m	nember or an authorized representative of a member.
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes.
	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
()(-)	Typed or printed name of signee
\bigcup	. 78-2 2. billion lattic o. 0.0.00

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)