

# L24000128858

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

\*\*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. SKIN CARE BY VIU, LLC.

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAR 19 PM 3:13

FILED

**FILED**

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

**2024 MAR 19 PM 3: 13**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**SKIN CARE BY VIU, LLC.**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **523 COUNTRY LN BRADENTON, FL 34212**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

**VIUNAIKY PEREZ AZCONA  
523 COUNTRY LN  
BRADENTON, FL 34212**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.



Registered Agent's Signature

**ARTICLE IV:**

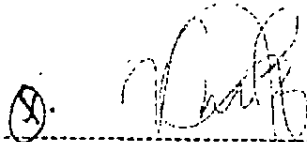
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

AMBR

VIUNAIKY PEREZ AZCONA  
523 COUNTRY LN  
BRADENTON, FL 34212



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Signature of 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.)

VIUNAIKY PEREZ AZCONA

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Typed or printed name of signee.