

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2015 MAR 12 PM 12: 23

FILED EFFECTIVE

(Instructions on back of application)

CEPPETA DV NE CTATE

. The name of the limited liab	ility company is:	STATE OF IDAHO	
Solstice Skin Care LLC			
. The complete street and mai 223 W. State Street Suite C Bois (Street Address)		e initial designated office:	
(Mailing Address, if different than street a	·	into and a manufa	
The name and complete stre	et address of the reg	pstered agent.	
Leslie Ann Lopez	16189 N Blac	16189 N Blackcomb Drive Nampa Idaho 83651	
(Name)	(Street Address)	(Street Address)	
. The name and address of at company:	least one member o	r manager of the limited liability	
<u>Name</u>		Address	
Leslie Ann Lopez	16189 N Blac	16189 N Blackcomb Dr Nampa Idaho 83651	
		444	
· Mailing address for factors as	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	al nament matically	
<ol> <li>Mailing address for future co 16189 N Blackcomb Dr Nampa I</li> </ol>	·	ai report notices).	
i. Future effective date of filing	(optional):		
	(0)		
ignature of a manager, mem	ber or authorized		
erson.			
		Secretary of State use only IDAHO SECRETARY OF STATE	
ignature Colecce Congression	Egaiz	03/12/2015 05:00	
Гуреd Name: Leslie Ann Lopez		CK:CASH CT:307546 BH:14657	
		10 100.00 = 100.00 ORGAN LLC	
ignature		/ 47	

W149060

Typed Name: \_\_\_\_\_