

FEB 17 2006

FILE NO. N-1264698-0



Arizona Corporation Commission

APPLICATION FOR RESERVATION OF A CORPORATE NAME

THIS RESERVATION IS FOR A PERIOD OF 120 DAYS PURSUANT TO THE PROVISIONS OF A.R.S. §10-402, §10-3402, & §29.603. THIS APPLICATION MUST BE ACCOMPANIED BY THE APPLICATION FEE OF \$10.00 (FOR REGULAR SERVICE) OR \$45.00 (\$10.00 APPLICATION FEE PLUS \$35.00 EXPEDITE FEE) - (A.R.S. §10-122 and §29-851) MADE PAYABLE TO THE ARIZONA CORPORATION COMMISSION.

NAME TO BE RESERVED: (Include any corporate identifiers. For a list of identifiers, refer to the Naming Standards on the Commission's web site)

Studio Estetique Skin Care LLC

Janine L. Griffin

Name of Applicant executing the reservation

(Note: this name **MUST** be listed in the subsequent filing of articles)

By affixing the name above, the applicant is hereby executing the name reservation.

42711 N. 13th Place
Address Phx AZ 85087
City, State, Zip

RECEIVED

FEB 17 2006

Indicate Initial Entity Type: (choose one only)

- | | | |
|---|---|---|
| <input type="checkbox"/> BUSINESS CORPORATION | <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> NON-PROFIT CORPORATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> PROFESSIONAL L.L.C. | <input type="checkbox"/> CLOSE CORPORATION |
| <input type="checkbox"/> CO-OPERATIVE | <input type="checkbox"/> NAME REGISTRATION | <input type="checkbox"/> NON-FILING INSURANCE |
| <input type="checkbox"/> LOAN | <input type="checkbox"/> CORPORATE SOLE | <input type="checkbox"/> CREDIT UNION |
| | <input type="checkbox"/> TRUST | |

**ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION**

Fee included: (check one)

- ☐ \$10.00 Name Reservation (Regular Service)
☒ \$45.00 Expedite service (\$10.00 Name Reservation + \$35.00 expedited service)

Janine L. GRIFFIN

Party Filing the Application

Upon receipt the filer will receive a written confirmation indicating the approval or denial of the reservation. This documentation will be delivered via

(Check one below):

- ☐ Fax: () _____ ☐ Pickup by Filer: () _____
☒ Mail to: _____

(Address if different than applicant)

Submit
Application to: Arizona Corporation Commission
Corporate Filings Section
1300 W Washington
Phoenix AZ 85007

FAX: 602-542-4100

FOR ACC USE ONLY

Doc Id _____
Doc Type _____
File Number _____
Date Recvd _____
Status _____