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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.  
Account Number : I20000000141  
Phone : (407) 841-1550  
Fax Number : (407) 841-8746

LIMITED LIABILITY COMPANY

Mauricio J. Castellon M.D. PLC

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

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**ARTICLES OF ORGANIZATION FOR PROFESSIONAL SERVICE  
LIMITED LIABILITY COMPANY**

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of Chapters 608 and 621, Florida Statutes for the purpose of providing such professional services as are hereafter specified

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**MAURICIO J. CASTELLON M.D. PLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**111 E. HIBISCUS BOULEVARD  
MELBOURNE, FLORIDA 32901**

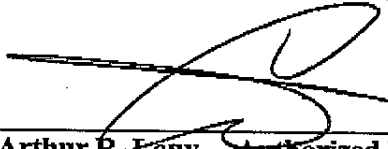
**ARTICLE III – Duration and Areas of Practice:**

The period of duration for the Limited Liability Company shall be perpetual. The areas of practice of the Limited Liability Company are limited to cosmetic and/or plastic surgical services.

**ARTICLE IV – Management:**

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Arthur R. Louv. – Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is **MAURICIO J. CASTELLON  
M.D. PLC**
2. The name and the Florida street address of the registered agent are:

Arnold, Matheny & Eagan, P.A.  
801 N. Magnolia Avenue, Suite 201  
Orlando, Florida 32803

*Having been named as registered agent and to accept service of process for the 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 agent.*

ARNOLD, MATHENY & EAGAN, P.A.

By: \_\_\_\_\_

Arthur R. Louv

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