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**FLORIDA LIMITED LIABILITY CO.  
BELLA FACCIA MED SPA, LLC**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

BELLA FACCIAMED SPA, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

12224 CORTEZ BLVD,  
BROOKSVILLE, FLORIDA 34613

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

STACIE S. LAVIANO  
12224 CORTEZ BLVD.  
BROOKSVILLE, FLORIDA 34613

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 AS PROVIDED FOR IN CHAPTER 608, FLORIDA STATUTES.

DATED: 9/26/11

  
STACIE S. LAVIANO

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

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MANAGER/MEMBER: STACIE S. LAVIANO  
13047 FELLOWSHIP LANE  
WEEKI WACHEE, FLORIDA 34614

MARC POLECRITTI  
10429 SPRING HILL DRIVE  
SPRING HILL, FLORIDA 34608

DATED: 9/26/11

X   
STACIE S. LAVIANO

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES  
OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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