

M18000008696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

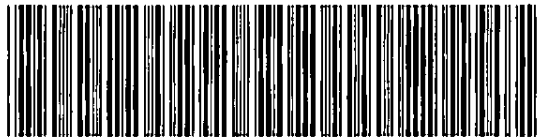
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-81984 PLLC

Office Use Only



500318372355

FILED
18 SEP 12 AM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/12/18--01012--003 **160.00

18 SEP 12 AM 11:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
SEP 21 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/12/2018

****WALK IN****

ENTITY NAME ALLURE MEDICAL SPA, P.L.L.C.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

CHECK # 5239

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: ALLURE MEDICAL SPA, P.L.L.C.
Ref. Number: W18000081984

*Corrected ~
Please allow for
initial fee
date. Thanks.*

We have received your document for ALLURE MEDICAL SPA, P.L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

EXAMPLE: "ALLURE MEDICAL SPA, P.L.L.C., LLC" on line 1.,

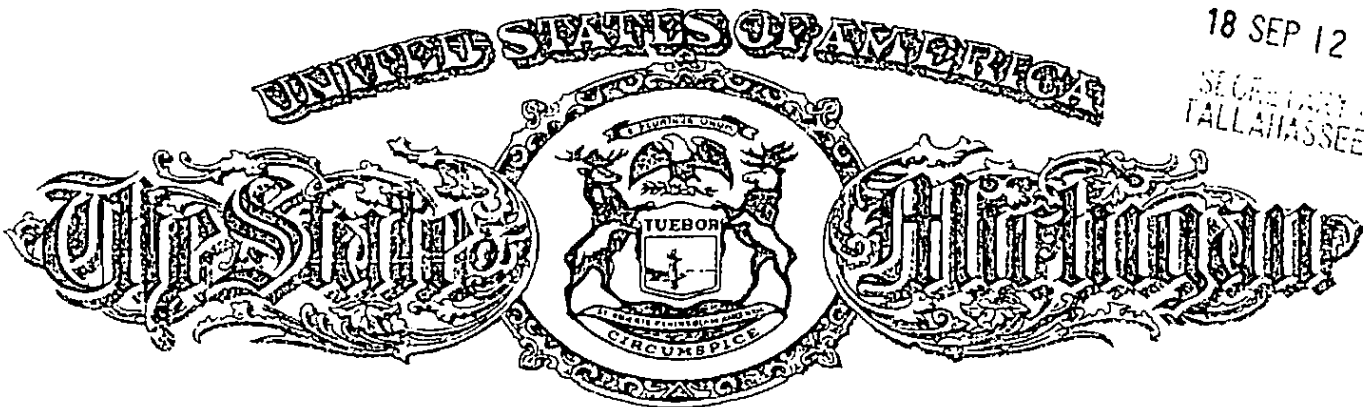
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 418A00019058

RECEIVED
DEPARTMENT OF STATE
10 SEP 20 AM 11:32



FILED
18 SEP 12 AM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of Licensing and Regulatory Affairs

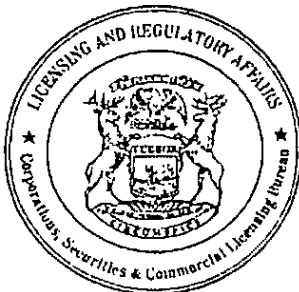
Lansing, Michigan

This is to Certify That
ALLURE MEDICAL SPA, P.L.L.C.

was validly authorized on February 4, 2005, as a Michigan DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY,
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 10th day of September, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 18097820810

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ALLURE MEDICAL SPA, P.L.L.C., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan 3. 20-0843620
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration. (See sections 601.0904 & 601.0905, F.S. to determine penalty liability))

5. 8180 26 Mile Rd., Suite 300 6. 8180 26 Mile Rd., Suite 300
(Street Address of Principal Office) (Mailing Address)
Shelby Township, Michigan 48316 Shelby Township, Michigan 48316

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS Agents, LLC
 Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

K. Bishop Kanetha Bishop, Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Member</u>	<u>Charles D. Mok, D.O.</u> <u>8180 26 Mile Rd., Suite 300</u> <u>Shelby Township, MI 48316</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0103 (1) (b), Florida Statutes. 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.

Redina Simon
Signature of an authorized person

Redina Simon, Authorized Member
Typed or printed name of signer

18 SEP 12 AM 5:23
 FILED
 STATE
 TALLAHASSEE, FLORIDA