# City/State/Zip Phone #

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		1141
_	(Corporation Name)	(Document #)  400031805548 -09/22/0001093013
2	(Corporation Name)	(Document #) ****138.75 ****125.00
3	(Corporation Name)	(Document #)
4	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time	Certified Copy
	☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
	Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director;  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION
[	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY CELLULITE SOLUTIONS, LLC

### ARTICLE I NAME

The name of the Limited Liability Company is: CELLULITE SOLUTIONS, LLC

### ARTICLE II **ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 710 Miami Springs Drive, Longwood, Florida 32779.

### ARTICLE III REGISTERED AGENT

The name and Florida street address of the registered agent are: James McMichael, 710 Miami Springs Drive, Longwood, Florida 32779.

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 proved for in Chapter 608, F.S.

gent and Authorized Signatory

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# ARTICLE IV MANAGEMENT (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Signature of a member or an authorized representative of a member

(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.)

James McMichael

019.104512.1

FILED

NAR 22 MIII: 49

SECRETARY OF STATE
ALLARSSEE FLORIDA