

L01000005146

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/ST/Zip

850-222-2785

Phone #

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

1- STAR MEDICAL LASER & SKIN CARE CENTER LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPROVED  
AND  
FILED  
01 APR -3 PM 3:02 RECEIVED  
01 MAR 23 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

800003907408--5  
-03/23/01--01014--020  
\*\*\*\*125.00 \*\*\*\*125.00

Examiner's Initials

JP  
4-3-01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 23, 2001

ATTORNEYS' TITLE

SUBJECT: STAR MEDICAL LASER & SKIN CARE CENTER, L.L.C.  
Ref. Number: W01000006598

We have received your document for STAR MEDICAL LASER & SKIN CARE CENTER, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 801A00017779

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TALLAHASSEE, FLORIDA

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FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STAR MEDICAL LASER & SKIN CARE CENTER, L.L.C.**

**ARTICLE II - Address:**

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

**1201 Monument Road  
Suite #302  
Jacksonville, FL 32244**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual**

**ARTICLE IV - Management:  
(check and complete the appropriate statement)**

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Debra Rodas  
Randy J. Prokes

1201 Monument Road, Suite #302, Jacksonville, FL 32225  
1201 Monument Road, Suite #302, Jacksonville, FL 32225

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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TALLAHASSEE, FLORIDA

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**ARTICLE V – Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**The Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).**

**ARTICLE VI – Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

**The Company's business may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.**

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NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

These Articles of Organization for STAR MEDICAL LASER & SKIN CARE CENTER, L.L.C. shall be effective for all purposes as of this 20<sup>th</sup> day of March, 2001.

Debra Rodas  
Member - Debra Rodas

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FILED

Affiant further sayeth naught.

Debra Rodas  
Member

State of Florida

County of Duval

Sworn to and subscribe to before me this 20<sup>th</sup> day of March, 2001, by Debra Rodas, as a Member of the foregoing Limited Liability Company who signed this Affidavit, and who is personally known to me or who produced FDL# R320-172-03-808-0 as identification.

Samantha A. Johnson  
Notary Public, State of Florida

(Seal)



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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: STAR MEDICAL LASER & SKIN CARE CENTER, L.L.C.

2. The name and address of the registered agent and office is:

Dale A. Beardsley, Esquire

(NAME)

12 East Bay Street

(P.O. BOX **NOT** ACCEPTABLE)

Jacksonville, FL 32202-3427

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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FILED

*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.*

(SIGNATURE) Dale A. Beardsley

3/23/01  
(DATE)

**Filing Fee: \$35.00 for Designation of Registered Agent**