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Requestor's Name				
660 E. Jefferson St.				
Address	····			
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Tallahassee, FL 3230	1 850-222-2785			
City/St/Zip	Phone #			
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CORPORATION NAM	ME(S) & DOCUMENT NU	MBER(S), (if knov	vn):	
1- STAR MEDICAL LAS	SER & SKIN CARE CENTER L	-LC		
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NEW FILINGS	AMENDMENTS		ğ	
XXX Profit Non-Profit	Amendment		â	- CT
Limited Liability	Resignation of R.A., Of Change of Registered		10	တ်
Domestication	Dissolution/Withdrawal		-44	,
Other	Merger			
OTHER FILINGS	REGISTRATION/QUALIF	ICATION		
Annual Report	Foreign			
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement			
	Trademark			
	Other		imana-oo-o-	794 mm = 1
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Examiner's Initials



# 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.

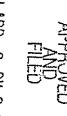
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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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## 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**

### ARTICLF 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:

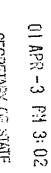
Debra Rodas

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

Randy J. Prokes

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:





#### 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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SECRETARY O: STATE
TAIL ANASCES EL CORNA

APPROVED FILLED

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.

Member - Debra Rodas

Affiant further sayeth naught.

Member

State of Florida

County of Duval

Sworn to and subscribe to before me this  $20^{\text{A}}$  day of  $10^{\text{A}}$  , 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  $10^{\text{A}}$   $10^{$ 

Notary Public, State of Florida

(Sea

SAMANTHA A. JOHNSON MY COMMISSION # CC 826700 EXPIRES: April 14, 2003 Bonded Thru Notary Public Underwriters

### 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 & SI CENTER, L.L.C.	<u>(IN CARE</u>	
2.	The name and address of the registered agent and office is:	·	
	Dale A. Beardsley, Esquire	<b>≥</b> 8	700
	(NAME)	TALKS CALES	MPR -3
	12 East Bay Street	经路	ယ
	(P.O. BOX <u>NOT</u> ACCEF TABLE)	E. FLO	بر. جو
	Jacksonville, FL 32202-3427		3: 02
	(CITY/STATE/ZIP)		
limited appoint the pro	been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby timent as registered agent and agree to act in this capacity. I further agree to convisions of all statutes relating to the proper and complete performance of my distillar with applications of my position as registered agent.  TURE) Dale A. Beardsley (DATE)	accept the comply with	,

Filing Fee: \$35.00 for Designation of Registered Agent

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