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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

LIMITED LIABILITY COMPANY

Cosmetic and Laser Surgery Institue, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COSMETIC & LASER
Surgery Institute

Adil Kabeer, MD
Board Certified in
Plastic & Reconstructive Surgery

February 20, 2001

Dear Sir or Madam:

As the sole shareholder, director, and President of Cosmetic and Laser Surgery Institute, Inc. I give permission to Adil Kabeer, MD to use Cosmetic and Laser Surgery Institute, LLC in the state of Florida. Please contact me for any questions or if additional information is needed.

Sincerely,

Adil Kabeer

Adil Kabeer, MD
President

(352) 375-2000 6900 NW 9th Blvd., Gainesville, FL 32605 ♦ 1402 W Duval Street, Lake City, FL 32055 (904) 758-6093
(877) 843-4457

Cosmetic Surgery • Plastic & Reconstructive Surgery • Hand & Peripheral Nerve Surgery

**ARTICLES OF ORGANIZATION
OF
Cosmetic and Laser Surgery Institute, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Cosmetic and Laser Surgery Institute, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6719 NW American Lane Suite 1, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Adil Kabeer, 6719 NW American Lane Suite 1, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2041.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Adil Kabeer, 6719 NW American Lane Suite 1, Lake City, Florida 32055



Richard Oster, Vice President, Business Filings Incorporated.

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717.
(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Cosmetic and Laser Surgery Institute,
LLC**

The name and address of the registered agent and office is Adil Kabeer, 6719 NW
American Lane, Suite 1, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above
stated corporation 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:

Adil Kabeer
Adil Kabeer, Member

Date: March 26, 2001

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