

November 21, 2001

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

L01-20876

RE: MLD III Medispa, LLC

Enclosed please find the articles of organization for the above referenced LLC. I have enclosed a check in the amount of \$155.00 representing fees filing fees - \$100.00, designation of registered agent fee - \$25.00, certified copy fee - \$30.00.

Thank you,

Steven A. Proper, MD

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

914 MCMULLEN BOOTH ROAD, CLEARWATER, FL 33759

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

MLD TIT MEDISPA, LLC

The name and the Florida street address of the registered agent are:

14521 UNIVERSITY POINT PLACE		
Florida street address (P.O. Box NOT acceptable)		-
TAMPA FL 336/3 City, State, and Zip		_
Having been named as registered agent and to accept service of process for the above stated 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 provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	s of al	
Registered Agent's Signature	-	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.	1 is,	
(An additional article must be added if an effective date is requested)	01 NOV 29	DIVISION OF
Signature of a member or an authorized representative of a member.	9	S . ₹
(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.)	91 :- 1 Wd	OF STATE IRPORATIONS
STEVEN PROPER		S

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees: