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Judith Connors  
326 Peruvian Ave  
Palm Beach, FL 33480  
(203) 952-5254

January 3, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

000004755620--4  
-01/07/02--01052--006  
\*\*\*\*125.00 \*\*\*\*125.00

Dear Sir or Madam,

Enclosed please find the Articles of Organization for Palm Beach Anti-Aging Clinic, LLC. Also, enclosed is a check in the amount of \$125, which includes \$100 for the filing fee and \$25 for the designation of registered agent.

Yours truly,

  
Judith Connors

12/1/10  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN - 7 AM 8:22

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach Anti-Aging Clinic, LLC

## ARTICLE II - Address:

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

326 Peruvian Ave, Palm Beach, FL 33480

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

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

Judith Connors

Name

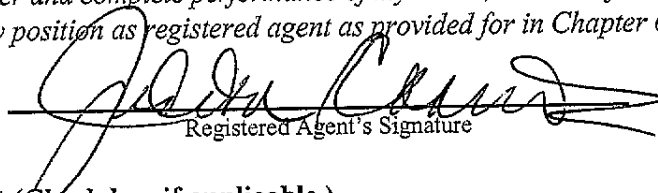
326 Peruvian Ave

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach FL 33480

City, State, and Zip

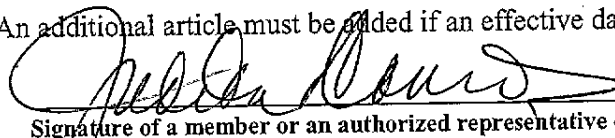
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 provided for in Chapter 608, F.S.*

  
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 is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Judith Connors

Typed or printed name of signee

## Filing Fees:

- \$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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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