

L03000015562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

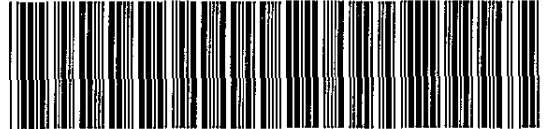
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

bpk



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075711 82293A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 160.00

ORDER DATE : April 30, 2003

ORDER TIME : 1:03 PM

ORDER NO. : 075711-005

CUSTOMER NO: 82293A

CUSTOMER: Amadeo Lopez-castro, Iii, Esq
Martinez-esteve & Lopez-castro

Suite 304
901 Ponce De Leon Boulevard
Coral Gables, FL 33134

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SEAL STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: NEW AGE FACE AND BODY
CENTER, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

NOTES: Our client has a closing going on today, would greatly appreciate it this filing could be done and forwarded back to CSC today. Thank you in advance if this is possible.

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW AGE FACE AND BODY CENTER, LLC

ARTICLE II - Address:

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

3138 COMMODORE PLAZA, SUITE 314
COCONUT GROVE, FLORIDA 33133

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

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

JOSE I. IPARRAGUIRRE

Name

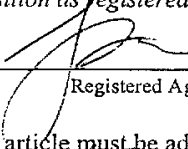
3138 COMMODORE PLAZA, SUITE 314

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

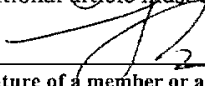
COCONUT GROVE FL 33133

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

(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.)

JOSE I. IPARRAGUIRRE, MEMBER

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)

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CLERK OF CIRCUIT COURT
STATE OF FLORIDA