# L030000 24974

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
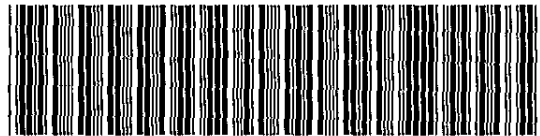
(Business Entity Name)

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**CSC**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 162180 7137273

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : $ 125.00

FILED
03 JUL -9 PM 2: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ORDER DATE : July 9, 2003

ORDER TIME : 11:27 AM

ORDER NO. : 162180-005

CUSTOMER NO: 7137273

CUSTOMER: Eric M. Sauerberg, Esq
Eric M. Sauerberg, P.a.

Suite 102
200 Village Square Crossing
Palm Bch Garden, FL  33410

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<u>DOMESTIC FILING</u>

NAME:     SAVING FACE, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135
                          EXAMINER'S INITIALS: _____

# ARTICLES OF ORGANIZATION OF
## SAVING FACE, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

## ARTICLE I

The name of this limited liability company is SAVING FACE, LLC

## ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

## ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 3345 Burns Road, Suite 101, Palm Beach Gardens, FL 33410. This limited liability company may, at its discretion, change the address of its principal place of business.

## ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is Eric M. Sauerberg, 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410.
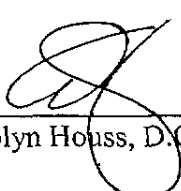
## ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

## ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

**IN TESTIMONY WHEREOF,** I have hereunto subscribed my name this 9th day of July, 2003.

Carolyn Houss, D.O., Member

STATE OF FLORIDA          )
                          )
COUNTY OF PALM BEACH      )

The foregoing instrument was acknowledged before me this _8th_ day of _July_,
2003, by Carolyn Houss, D.O. who is personally known to me or who has produced Florida State
Driver's License Number _____ as identification and who did ( ) or did
not ( ) take an oath.

Executed this _8th_ day of _July_, 2003.


_____
Signature of Notary
Printed Name:
My Commission Expires:
My Commission Number:

## CERTIFICATE DESIGNATING REGISTERED
## OFFICE FOR THE SERVICE OF PROCESS
## WITHIN THIS STATE, NAMING AGENT
## UPON WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That SAVING FACE, LLC, a Florida limited liability company, with its registered office at 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410, has named Eric M. Sauerberg at such address as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.
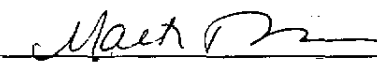
By:_____
Eric M. Sauerberg,
Registered Agent

STATE OF FLORIDA )
)
COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 8th day of July, 2003, by Eric M. Sauerberg, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification and who did ( ) or did not ( ) take an oath.

Executed this 8th day of July, 2003.

_____
Signature of Notary
Printed Name:
My Commission Expires:
My Commission Number: