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Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY COMPANY

MedSpa Investor Group, LLC

Certificate of Status	0
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Page Count	02
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

11-13-08



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 13, 2003

CT CORPORATION SYSTEM

SUBJECT: MEDSPA INVESTOR GROUP, LLC
REF: W03000033589

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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Trevor Brumbley
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Thank You!

Connie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **MedSpa Investor Group, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
2069 S W 7th Court, Boca Raton, FL 33486

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

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33334
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.

By Connie Bryan **CONNIE BRYAN**
Registered Agent's Signature **SPECIAL ASSISTANT SECRETARY**

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

Frank A. Amelung, Jr.
Signature of a member, officer, 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.)

Frank A. Amelung, Jr.
Typed or printed name of signer

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)