

L04000019078

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 11 2004

ROY MILLER
CERTIFIED PUBLIC ACCOUNTANT
8834-14 Goodby's Executive Dr.
Jacksonville, Florida 32217
(904)731-4846

February 10, 2004

TRANSMITTAL LETTER

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Rezolution Hair Loss Prevention and Restoration Clinic, LLC

Enclosed is an original and one (1) copy of the articles of organization and a check payable to the Department of State in the amount of \$160.00 to cover the following:

1. Filing Fee
2. Designation of Registered Agent
3. Certified Copy
4. Certificate of Status

The certified copy of the Articles and the certificate should be mailed to Roy Miller, 8834-14 Goodby's Executive Dr., Jacksonville, Florida 32217. Thank you.

Sincerely,

Roy Miller

RM/sdr
Enclosures

ARTICLES OF ORGANIZATION

OF

REZOLUTION HAIR LOSS PREVENTION AND RESTORATION CLINIC, LLC

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The undersigned, for the purpose of forming a limited liability company for profit under the laws of Florida, hereby adopts the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is Rezolution Hair Loss Prevention and Restoration Clinic, LLC

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is 1266 Mayport Blanding Circle, Jacksonville, Florida 32223

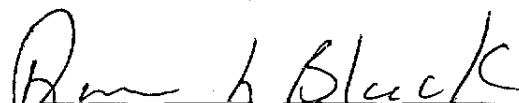
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Donna L. Black
1266 Mayport Blanding Circle
Jacksonville, FL 32223


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

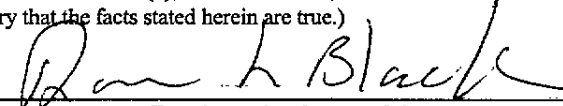
Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.



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.)



Typed or printed name of signee

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