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### TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT:	Novita Laser and Aesthetic Center, LLC	
•	(Name of Limited Liability Company)	
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the follow	ing:
	Joseph Mignone	
	(Name of Person)	
	*	
	(Firm/Company)	
9501	Arlington Expressway suite 550	
	(Address)	
	Jacksonville, Florida 32225	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	
Joseph Migr	4t (	
	(Name of Person) (Area Code & Daytime Telephone	Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Novita Laser and A	esthetic Center, LLC		· · · · · · · · · · · · · · · · · · ·	
ARTICLE II - A				
The mailing addre	ess and street address of the p	rincipal office of the Limited Li	iability Comp	pany is:
Principal Office	Address:	Mailing Address:		
9501 Arlington Exp	ressway suite 550	same		
lacksonville , Flori	da 32225			
acksortvite , I tork				<del></del>
				<del></del> -
······································			· · · · · · · · · · · · · · · · · · ·	<del></del>
		l Office, & Registered Agent'	s Signature:	<del></del>
	Registered Agent, Registered Florida street address of the			
			s Signature:	
	e Florida street address of the			04,10
	e Florida street address of the Joseph Mignone			04.197) 24
	Joseph Mignone  Name	registered agent are:		04.IET1214 PT
	Joseph Mignone  Name  24484 Harbour View Drive	registered agent are:		04.197) 24

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:				
"MGR" = Manager					
"MGRM" = Managing Member					
MGR	Joseph Mignone				
	24484 Harbour View Drive				
	Ponte Vedra Beach, Florida 32082				
MGRM	Marzena Mignone				
	24484 Harbour View Drive				
	Ponte Vedra Beach, Florida 32082				
(Use attachment if necessary)					
•					
NOTE: An additional article must be	added if an effective date is requested				
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE?					
	1				
(Septi	Maring -				
Signature of a member or an au	thorized representative of a member.				
	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)				
Joseph Mignone					
	nted 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)