

L04000049699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

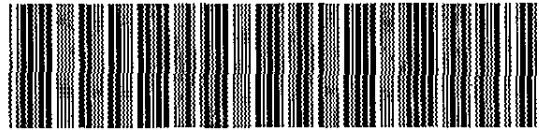
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300038341543

07/01/04--01026--029 **160.00

FILED
04 JUL -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP
7-2-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPULENCE MEDI SPA, L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT J. LOESSIN, M.D.

(Name of Person)

OPULENCE MEDI SPA, L.L.C.

(Firm/Company)

311 N. CLYDE MORRIS BOULEVARD, SUITE 360

(Address)

DAYTONA BEACH, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

CHOBEE EBBETS, ESQ.

(Name of Person)

at (386) 253-2288

(Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

04 JUL -1 PM 2:05

FILED

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPULENCE MEDI SPA L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1890 LPGA BOULEVARD

SUITE 140

DAYTONA BEACH, FLORIDA 32114

Mailing Address:

311 N. CLYDE MORRIS BOULEVARD

SUITE 360

DAYTONA BEACH, FLORIDA 32114

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

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

CHOBEE EBBETS, P.A. ✓

Name

210 SOUTH BEACH STREET, SUITE 200

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

DAYTONA BEACH FLORIDA 32114

City, State, and Zip

FILED
04 JUL - 1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SCOTT J. LOESSIN, M.D.

311 N. CLYDE MORRIS BLVD., SUITE 360

DAYTONA BEACH, FL 32114

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

Chobee Ebbets

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -1 PM 2:05

FILED