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2604 NOV 29 P 3: 44 CECRETARY OF STATE (Requestor's Name) (Address) 500042821615 (Address) (City/State/Zip/Phone #) 11/29/04--01048--017 **155.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer:

Office Use Only

TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 FILED

Division of Corporations	Mills May a -
SUBJECT: Affordable Laser Solution (Name of Limited Liability Company)	NS / GA GARY OF STATE
	THE SEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kevin Johnson (Name of Person)	<u>. </u>
Affordable Laser Solutions,	LLC
3345 Burns Rd, Suite 2	06
Palm Beuch Gordens, FL (City/State and Zip Code)	<u>33</u> 410
For further information concerning this matter, please call:	
Kevin Lounson at (S61) 691- (Name of Person) (Area Code & Daytime Te	9786 Elephone Number)
Enclosed is a check for the following amount:	
S125.00 Filing Fee \$130.00 Piling Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING A	nndree.
	2 2 2 2 3 3 1 n 3 1 3 .

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 3: 45

ARTICLE I - Name: The name of the Limited Liability Company is	SECRETARY OF STA FALLAHASSEE, FLOR
Affordable Laser So	lutions, LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Gardens Medical Park 3345 Burns Road Swife 206 Palm Beach Gardens, Pk 23410 ARTICLE III - Registered Agent, Registere	
The name and the Florida street address of the	registered agent are:
William K. H	owers
Falm Buch Gorder City, State,	Idress (P.O. Box <u>NOT</u> acceptable)
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 agents as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title: "MGR" = Manager	Name and Address:	2004 NOV 29 P 3: 4
"MGRM" = Managing Member		SECRETARY OF STATE
MGRM	William K. Powe	CAS THELAHASSEE, FLORID
	19900 Farlwood Juniter FL 33	458
MGRM	Samuel David	lehrer Road ·
	Palm Beach Go	rdens, Florida 33410
MGRM	Kevin Thomas L	Cincle -
	Jupiter, Fronida	
** *** *** *** *** *** *** *** *** ***		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is re-	quested.
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.)

William K. Powers

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)