

L05000031007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

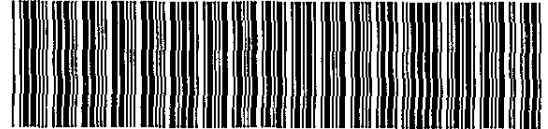
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

3/31  
Call



700048998897

03/30/05--01027--021 \*\*160.00

SECRETARY OF STATE  
-ADM/REGISTRATION-

2005 MAR 30 PM 12:09

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palm Beach Skin & Laser Center, LLC  
(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:

Kevin Johnson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

Gardens Medical Park, 3345 Burns Road, Suite 206  
(Address)

Palm Beach Gardens, Florida 33410  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR 30 PM 12:09

FILED

For further information concerning this matter, please call:

Kevin Johnson at ( 561 ) 309-2372  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

Palm Beach Skin & Laser Center, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3345 Burns Road  
Suite 206  
Palm Beach Gardens, Florida 33410

3345 Burns Road  
Suite 206  
Palm Beach Gardens, Florida 33410

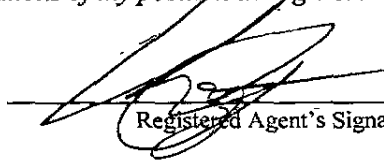
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kevin Johnson  
Name  
3345 Burns Road, Suite 206  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Beach Gardens, FL 33410  
City, State, and Zip

FILED  
2005 MAR 30 PM 2:00  
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, 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR	Donald Montano 3345 Burns Road, Suite 206 Palm Beach Gardens, Florida 33410
MGR	David Rankin 3345 Burns Road, Suite 206 Palm Beach Gardens, Florida 33410
MGR	Kevin Johnson 3345 Burns Road, Suite 206 Palm Beach Gardens, Florida 33410

(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.)

Kevin Johnson

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2005 MAR 30 PM 12:09

FILED