Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000090035 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPAN

A CONTRACTOR OF THE PROPERTY O

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

# LIMITED LIABILITY COMPANY

## restore your youth, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

P. 02/04

850-205-0381



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2005

EMPIRE

SUBJECT: RESTORE YOUR YOUTH, LLC

REF: W05000018526

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist FAX Aud. #: H05000090035 Letter Number: 405A00025155

RECEIVED
05 APR 13 AM 10: 58
IVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H05000090035

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

estore Your Youth, LLC						
RTICLE II – Address: he mailing address and size	: et address of the p	rincipal offic	e of the I	inite: L	iabilit	y Compa
fincipal Office Address;		Mailing A	<u>ddress:</u>			
IVZ Alton Road, Suite 980		4302 Alton	Road, Sui	le 960		
ism) Beach, FL 33140		Miami Beac	h, FL, 33	40		
		d Office, & F		d Age it	'e Sign	iature:
	ect address of the	d Office, & F		d Age it	o Sign	ature:
ne name and the Florida str	in Name	d Office, & F		d Age it	'e Sign	aature:
ne name and the Florida str	eet address of the in Name Road, Suite 960	d Office, & F	ent are:		'e Sign	ature:
ne name and the Florida stre Daniel Rivi 4302 Alter	in Name  Road, Suite 960  Florida speet ad	d Office, & F registered ago dress (P.O. Box	ent are:		'e Sign	ature:
ne name and the Florida str	ect address of the in Name Road, Suite 950 Florida street ad	d Office, & F	ent are:		'e Sign	ature:
ne name and the Florida stre Daniel Rivi 4302 Alter	in Name  Road, Suite 960  Florida speet ad	d Office, & F	ent are:		s Sign	ature:
4302 Albar	in Name Road, Suite 960 Florida speet ad ch City, Suna,	d Office, & Fregistered against (P.O. Box 331-3and Zip	NOT were	plable)	авоче	stated lib

(CONTINUED)

Page 1 of 2

HOSOUDO90035

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

MGR" = Manager MGRM" = Managing Member IGR	Danieł Rivlin						
191	4302 Alton Road, Suite 960						
•	Mismi Beach, FL 33140						
	. <u></u>						
-							
•	· · · · · · · · · · · · · · · · · · ·						
<b>~</b>							
•							

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.)

Daniel Rivlin

Typed or printed name of signee

Filing Feet:

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

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

Page 2 of 2