

L0500004189Z

(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



300050399843

04/20/05--01033--003 **155.00

04/28/05

FILED
05 APR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6p

STONE & GERKEN, P.A.

ATTORNEYS AT LAW

4850 N. Highway 19A
Mount Dora, Florida 32757
(352) 357-0330
Fax (352) 357-2474

LEWIS W. STONE

SCOTT A. GERKEN

April 19, 2005

Via Federal Express

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

FILED
05 APR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

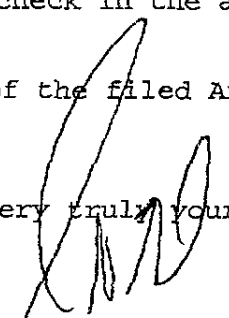
Re: Laser Beauty, L.L.C.

Dear Sirs:

Enclosed please find the original and copy of the Articles of Organization for filing regarding the above-referenced limited liability company. Also enclosed is a check in the amount of \$155.00 for the filing fee and certified copy.

Please return the certified copy of the filed Articles to me at the above address.

Very truly yours,


Scott A. Gerken

SAG:dm
Enclosures

xc: Victoria L. Riley, M.D.

ARTICLES OF ORGANIZATION
OF
LASER BEAUTY, L.L.C.

ARTICLE I
NAME

The name of this Limited Liability Company is Laser Beauty, L.L.C.

ARTICLE II
DURATION

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

ARTICLE III
PURPOSE

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

ARTICLE IV
PLACE OF BUSINESS AND REGISTERED AGENT

The principal place of business of this limited liability company shall be 3911 North Highway 19A, Mount Dora, Florida 32757, or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be Post Office Box 1842, Mount Dora, Florida 32756-1842.

FILED
05 APR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The initial Registered Agent of this limited liability company shall be VICTORIA L. RILEY, M.D., 3911 North Highway 19A, Mount Dora, Florida 32757.

**ARTICLE V
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be VICTORIA L. RILEY, M.D. whose address is 3911 North Highway 19A, Mount Dora, Florida 32757. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

**ARTICLE VI
INITIAL MEMBERS**

The initial members of this limited liability company shall be VICTORIA L. RILEY, M.D. and KATHLEEN M. ROBERTS.

**ARTICLE VII
ADDITIONAL MEMBERS**

The initial members of this limited liability company may admit additional members only according to the terms and conditions of a unanimous vote of the members.

**ARTICLE VIII
TRANSFERABILITY OF MEMBER'S INTEREST**

A member's interest in this Company may be transferred only with the unanimous written consent of all the remaining members if the transferee intends to become a member. Without this consent, the transferee shall not be entitled to become a member or to participate in the management of the Company, but shall be entitled only to distributions to which the transferor otherwise would be entitled.

**ARTICLE IX
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise,

FILED
05 AUG 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

ARTICLE X
AMENDMENTS

These Articles, except for the vested rights of the members, may be amended from time to time by a two-thirds (2/3) majority in interest of the members, and the amendments shall be filed, duly signed by all members of the Company, with the Florida Department of State. All members agree to abide by the majority decision and agree to sign the amendments for the purpose of filing with the Florida Department of State.

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 19 day of April, 2005.

Victoria L. Riley, M.D.
VICTORIA L. RILEY, M.D.

FILED
05 APR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

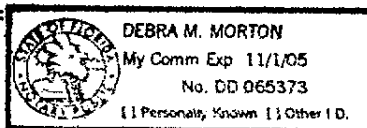
STATE OF FLORIDA
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared VICTORIA L. RILEY, M.D., who produced Florida Driver's License as identification or is personally known to me, and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 19th day of April, 2005.

Debra M. Morton
NOTARY PUBLIC
DEBRA M. MORTON
Notary Public, Printed Name

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - that **Laser Beauty, L.L.C.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of Mount Dora, County of Lake, State of Florida, has named **VICTORIA L. RILEY, M.D.** of 3911 North Highway 19A, Mount Dora, Florida 32757, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

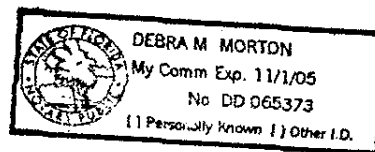
Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

Victoria Riley
VICTORIA L. RILEY, M.D.
Registered Agent

FILED
05 APR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Sworn to and subscribed before
me this 19th day of April, 2005
by VICTORIA L. RILEY, M.D.

Debra M. Morton
NOTARY PUBLIC
DEBRA M. MORTON
Notary Public Printed Name



My Commission Expires: