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0	9: 45	TO NOLLER	Division of Corporations Fax Number : (850)205-0363
RECEIVE	AUG 25 AM	VISION OF CORPOR	Account Name : GREENBERG TRAURIG (ORLANDO) Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

LIMITED LIABILITY COMPANY

Renovatio Medical Spa, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	The name of the Limited Liability Company is:
	RENOVATIO MEDICAL SPA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4 North Summerlin Ave., Unit 16 Orlando, Florida 32801

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

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

Name:	Christopher Tracy
Address	4 North Summerlin Ave., Unit 16
	Orlando, Florida 32801

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

ARTICLE IV - Management (Check box if applicable) The Limited Liability Coupany is to be managed by one manager or more managers and is, there is

Ą manager - managed company. 22

By: CLT Group Inc., a Florida corporation

By: Christopher Tracy, President

Signature of a member of an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true.)

> Christopher Tracy Typed or printed name of signee

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