

LD60000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

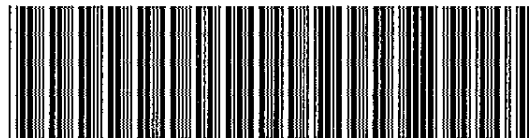
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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

J. BRYAN

JAN 31 2006

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tampa Laser Touch, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

☒ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
FOR
TAMPA LASER TOUCH, LLC**

A FLORIDA LIMITED LIABILITY COMPANY

The Articles of Organization of Tampa Laser Touch, LLC, which was filed with the Secretary of State on January 12, 2006 under document number L06000003941, pursuant to Florida Statute 608.406(2) is amended and restated as follows:

ARTICLE I-Name:

The name of the Limited Liability Company is:

TAMPA LASER TOUCH, LLC

ARTICLE II-Address:

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

**11258 W. Hillsborough Avenue
Tampa, Florida 33635**

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

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

**Rita Moroz
8510 Woodbridge Boulevard
Tampa, Florida 33615**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.



RITA MOROZ

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ARTICLE IV-Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V- Managing Members(s):

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

Title:

MGRM

MGRM

Name and Address:

Rita Moroz
8510 Woodbridge Boulevard
Tampa, Florida 33615

Dr. Smadar Kogan
84 Ben Gurion Boulevard
Q. Mozkin
Israel

ARTICLE VI-Effective Date:

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.



RITA MOROZ

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TAMPA LASER TOUCH, LLC

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

**Rita Moroz
8510 Woodbridge Boulevard
Tampa, Florida 33615**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

01-30-06
Date

Moroz
RITA MOROZ

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