

LO6000008126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

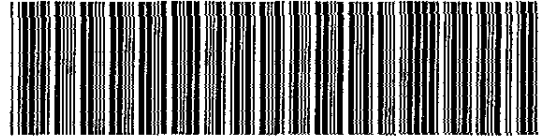
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500063858065

FILED

2006 JAN 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FL 32300

01/17/06--01024--009 **160.00

LO6-8126
al

EFFECTIVE DATE
1-13-06

LAW OFFICE OF
LARRY D. PARKS, ESQUIRE
7460 S.W. 130TH STREET
PINECREST, FLORIDA 33156

LARRY D. PARKS
SHERRY L. PARKS

TELEPHONE (305) 251-5790
FACSIMILE (305) 254-6929

JANUARY 9, 2006

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P. L.**

Dear Sir or Madame;

Attached you will find one **ARTICLES OF ORGANIZATION FOR PROFESSIONAL LIMITED LIABILITY COMPANY** for **LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P. L.**, along with a check in the amount of \$160.00 to cover the following disbursements:

\$100.00	Filing Articles of Organization
25.00	Designation of Registered Agent
30.00	Certified Copy
<u>5.00</u>	Certificate of Status
\$160.00	Total

2006 JAN 10 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Thank you for your cooperation in this regard.

Sincerely,


Larry D. Parks

ARTICLES OF ORGANIZATION
FOR
LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P. L.

ARTICLE I - NAME

The name of this Professional Limited Liability Company is **LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P. L.**

ARTICLE II - NATURE OF BUSINESS

The purpose of this Professional Limited Liability Company is to engage in the business of providing professional services for the practice of medicine as permitted under the laws of the United States and Florida as now exists or as may hereafter be amended.

ARTICLE III - ADDRESS


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

LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P. L.
1111 North 35th Avenue,
Hollywood, Florida 33021

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are
Larry D. Parks, Esquire
7460 S.W. 130th Street
Pinecrest, Florida 33156

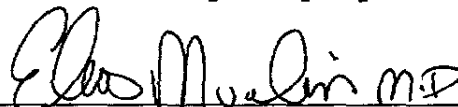
Having been named as registered agent and to accept service of process for the above stated Professional Limited Liability Company, at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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 V - EFFECTIVE DATE

The effective date for the commencement of this Professional Limited Liability Company is January 13, 2006



Signature of Managing Member, Elias Mualin, M.D.
Elias Mualin, M.D.

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

EFFECTIVE DATE
1-13-06

FILED

2006 JAN 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA