

LO60000021579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

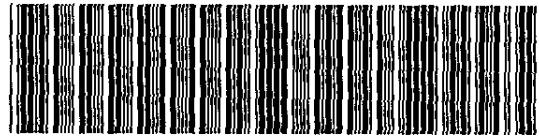
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

MARVIN E. ROOKS
ATTORNEY AT LAW

TELEPHONE ~~407-702-6608~~
DIRECT LINE 321-356-6154
FAX 407-644-2987

STREET ADDRESS
~~174 W. COMSTOCK AVENUE, Suite 100~~
~~WINTER PARK, FLORIDA 32789~~

MAILING ADDRESS
POST OFFICE BOX 241
WINTER PARK, FLORIDA 32790-0241

Sir,

Please file the enclosed
Articles of Organization for
Calla Medspa, LLC.

Enclosed is my firm
check for \$125.

Please return the
certificate to.

Marvin Rooks
PO Box 241
Winter Park FL
32790
ph - 321 - 356 - 6154

Marvin E. Rooks

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Calla Medspa, LLC

ARTICLE II – Address:

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

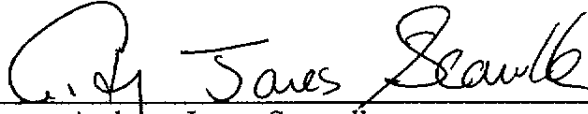
5110 Sail Wind Circle, Orlando, Florida 32816

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

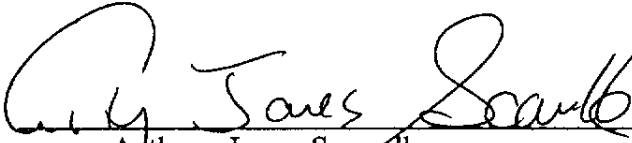
Anthony James Scarcella
5110 Sail Wind Circle
Orlando, Florida 32816

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.



Anthony James Scarcella

(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.)



Anthony James Scarcella

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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