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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE WELLINGTON INSTITUTE FOR WELLNESS AND AESTHETIC

MEDICINE, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Wellington Institute for Wellness and Aesthetic Medicine, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

2451 Brickell Avenue Unit 11M

Miami, Florida 33129

Mailing Address:

256 Alhambra Circle Suite 705

Coral Gables, Florida 33134

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carlos A. Marin, P.A.

Name

255 Alhambra Circle, Suite 705

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

FL 33134

City, State, and Zip

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 (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGR

Jennine M. Cabanellas, MD, P.A.

2451 Brickell Avenue Unit 11M

Miami, Florida 33129

MGR

Nilsa H. Toledo

1080 NW 118 Avenue

Plantation, Florida 33323

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/13/6 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANTIAGO VELEZ

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation