

L060000 52462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

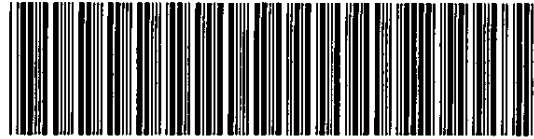
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600074602926

05/16/06--01006--001 **185.00

FILED
2006 MAY 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L06-52462
JL

EFFECTIVE DATE

5-16-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laser Genesis Skin Care Clinic, Inc.

The enclosed Certificate of Conversion and fee(s) to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.113, F.S.

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

James W. Howell
Laser Genesis Skin Care Clinic, LLC
21 West Main Avenue
DeFuniak Springs, FL 32435

For Further information concerning this matter, please call:

Kim Jones at (850) 892-2888 ext 234

Fees:	\$ 35.00	Certificate of Conversion for Florida Profit Corporation into Other Business Entity
	\$ 25.00	Certificate of Conversion for Other Business Entity into Florida LLC
	<u>\$ 125.00</u>	Limited Liability Company Articles of Organization
	\$185.00	

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Laser Genesis Skin Care Clinic Inc

003-66740

2. The "Other Business Entity" is a _____ Corporation

first organized, formed or incorporated under the laws of Florida

on June 13, 2003

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Laser Genesis Skin Care Clinic LLC

5. Effective on the date of filing,

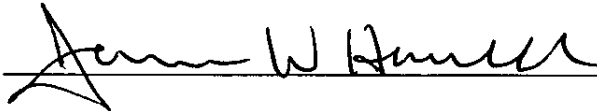
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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE
5-16-06

Signed this 1 day of MAY 20 06

Signature of Authorized Person:



Printed Name: James Howell Title: Member

Fees: Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Laser Genesis Skin Care Clinic, LLC

ARTICLE II – Address:

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

Principal Office Address:

21 West Main Avenue

DeFuniak Springs, FL 32435

Mailing Address:

21 West Main Avenue

DeFuniak Springs, FL 32435

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TALLAHASSEE, FLORIDA

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

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

James Howell

Name

21 West Main Avenue

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

DeFuniak Springs, FL 32435

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)

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

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

James Howell

21 West Main Avenue

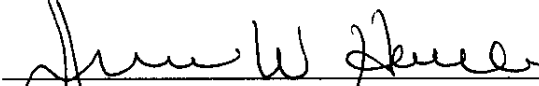
DeFuniak Springs, FL 32435

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ARTICLE V: Effective the date of filing.

REQUIRED SIGNATURE:



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

(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.)

James Howell

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)