

MAY. 23. 2006 10:18 AM on MON GREENBERG TRAUIG

NO. 185

FP. 11 of 1

**L06000053419**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000141022 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407) 418-2435  
Fax Number : (407) 420-5909

FILED  
06 MAY 23 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RENOVATIO MEDICAL SPA II, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

RECEIVED

06 MAY 23 PM 12:52

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

**Fax Audit No.: H06000141022 3**

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

**ARTICLE I - Name:** The name of the Limited Liability Company is:  
**RENOVATIO MEDICAL SPA II, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
4 North Summerlin Ave., Unit 16  
Orlando, Florida 32801

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

Name: Christopher Tracy  
Address: 4 North Summerlin Ave., Unit 16  
Orlando, Florida 32801

*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

**ARTICLE IV - Management (Check box if applicable)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

By: CLT Group Inc., a Florida corporation

By: Christopher Tracy, President



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.)

Christopher Tracy  
Typed or printed name of signer

**Fax Audit No.: H06000141022 3**

FILED  
06 MAY 23 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA