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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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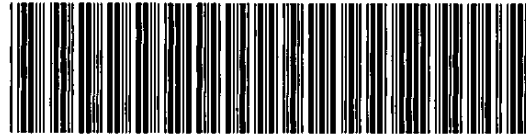
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
LENARD H. GORMAN, P.A.
1320 South Dixie Highway
Penthouse 1275
Coral Gables, Florida 33146

Telephone: (305) 668-8288
Telecopier: (305) 661-6477

June 26, 2006

VIA UNITED PARCEL SERVICE

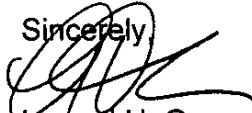
Ms. Glenda E. Hood
Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: **CMA AESTHETICS, LLC**

Dear Ms. Harris:

Enclosed are Articles of Organization for CMA AESTHETICS, LLC. We are also enclosing a check in the amount of \$155.00, comprised as follows: \$100.00 for the filing fees, \$55.00 for Designation of Registered Agent, and \$30.00 for Certified Copy. If you should have any questions, please do not hesitate to contact us.

Sincerely,



Lenard H. Gorman

LHG/lm
enc

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

CMA AESTHETICS, LLC

**ARTICLE I
NAME**

The name of the Limited Liability Company is CMA AESTHETICS, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 8000 Biscayne Boulevard, Miami, Florida 33138.

**ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT**

The initial registered agent for service of process is Lenard H. Gorman, Esquire
1320 South Dixie Highway, PH 1275, Coral Gables, Florida 33146

ARTICLE IV

MANAGER OR MANAGING MEMBERS

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

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
Manager	Jack J. Michel. 7845 Atlantic Way Miami Beach, Florida 33141

**ARTICLE V
EFFECTIVE DATE**

The Effective Date of these Articles of Organization is June 26, 2006.

Signature of a member or authorized representative of a member
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes
an affirmation under the penalties that the facts stated herein are true.)
Lenard H. Gorman,
Authorized representative of Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

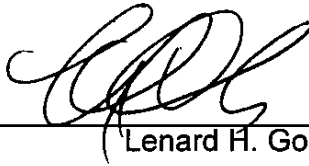
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is CMA AESTHETICS, LLC
2. The name and address of the registered agent and office is:

Lenard H. Gorman
1320 South Dixie Highway - PH 1275
Coral Gables, Florida 33146

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, Florida Statutes.

June 26, 2006



Lenard H. Gorman

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TALLAHASSEE, FLORIDA