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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATEMS
OF CORPORATIONS
OF NOV 20 PM 2: 43

J. BRYAN NUV 2 1 2006

COVER LETTER

	on Section of Corporations		
SUBJECT:	Acupunctur	e of Skin care d Liability Company)	clinic LLC
	(Name of Limite	d Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	LORENZO T.	PHAN	
<u>*</u>	(Name of Person)	
		Firm/Company)	
	946 15th stru	et unit 202	
		(Address)	
	946 15th struetholly Hill	FL 32117	06 NOV 20
	(City	/State and Zip Code)	22
For further inform	ation concerning this matter, please	call:	D PH 2: 13
			2: RATI
Loken	Name of Person)	at (89.42 5 g
,	Table of Folsony	(Titta Code to Day inne Telepin	one rumbery
Enclosed is a che	ck for the following amount:		
☐ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) C	\$160.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

4. 9.4.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:			
Acupuncture	- Ę	skin care	clinic	LLC
(Must end with the words "Limited Liability Compa				ı
ARTICLE II - Address:				

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

Principal Office Address: nal Center	Mailing Address:
725 W. Granada Blvd unit 17	946 15 th st. unit 202
Brmond Beach, FL 32174	Holly Hill FL 32117

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:

ARTICLE I - Name:

LOPEHZO T. Phan	10N 9
Name	2
946 15th Street unit 202	0
Florida street address (P.O. Box NOT acceptable)	並
Holly Hill FL 32117	2:
City, State, and Zip	វីជ

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)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Lorenza J. Phan 946 15th st. unit 2 Holly Hill, PL 321	DZ 17
MG RM	'Nai Ho 446 15th street unit 21 Holly Hill, pl 32117	<u>03</u>
MARIN	Di Nguve N 946 istelstreet, Unit Holly Hill, FL 3211	<u>2</u> 03 士
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPT e specific and cannot be more than five busine	FIONAL) ess days p 06 NOV 20 PM 2: 43
Signature of a membe	er or an authorized representative of a member.)0 P
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	H 2: 4
that the facts stated h	recein are true.) PHAN Ped or printed name of signee	ယ

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)