

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHAIRES HAMMOND, F.L.

Account Number : I20060000163 : (407)834-2777 Phone

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

REJUVENATION MEDISPA AT WATERFORD LAKES, LLC

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1/14/2008

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ARTICLES OF ORGANIZATION

REJUVENATION MEDISPA AT WATERFORD LAKES,

Pursuant to the Florida Limited Liability Company Act, Chap. 608, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I NAME

The name of this limited liability company (the "Company") shall be Rejuvenation MediSpa at Waterford Lakes, LLC

ARTICLE II DURATION

Unless earlier terminated pursuant to the Act or the operating agreement (as defined in §608.402 (24) of the Act) of this Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing address and the street address of the principal office of this Company shall be:

12780 Waterford Lakes Parkway, Suite 100 Orlando, Florida 32828

ARTICLE IV REGISTERED AGENT

The initial registered office of this Company shall be 283 Cranes Roost Blvd, Altamonte Springs, FL 32701 and its initial registered agent at such office shall be Chaires & Hammond, P.L.

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ARTICLE V ADDITIONAL MEMBERS

Pursuant to \$608.4232, of the Act, additional members may be admitted as provided in the operating agreement, as amended from time to time.

ARTICLE VI CONTINUATION OF BUSINESS

Pursuant to §608.441(1)(d), Florida Statutes, this Company shall have the right to continue the Company's business upon the occurrence of any event that terminates this Company because there are no members.

ARTICLE VII MANAGEMENT OF THE COMPANY

This Company will be managed by the members and no manager appointed. The name and address of the members are:

Allison Haughton-Green, M.D. 12780 Waterford Lakes Parkway, Suite 100 Orlando, Florida 32828

IN WITNESS WHEREOF, the undersigned, a member of this Company, has executed these Articles of Organization on behalf of this Company in accordance with \$608.408(1)(a) of the Act.

Gregory A Chaires, as the authorized representative of a member of the Company

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CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Rejuvenation MediSpa at Waterford Lakes, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Chaires & Hammond, P.L., as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 283 Cranes Roost Blvd, Suite 165 Altamonte Springs, Florida 32701.

DATED this 14th day of _

Chaires, as the authorized representative of a member of the company

Having been named as registered agent to accept service of process for the above named limited liability company, at the place designated in this certificate, I, on behalf of Chaires & Hammond, P.L., as its president, hereby agree to 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.

DATED this 14th day of ___

2008

Hammond, P.L., a Florida corporation Chaires &

Gregory A. Chaifes, President

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