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FLORIDA/FOREIGN LIMITED LIABILITY CO.

COSMETIC LASER SOLUTIONS, P.L.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF
COSMETIC LASER SOLUTIONS, P.L.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Cosmetic Laser Solutions, P.L."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is
3419 Poseidon Way
Indianapolis, Florida 32903

ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the Company's registered agent is: Harold E. Kaplan, Esq., 1515 University Drive, Suite 203, Coral Springs, Florida 33071.

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 provision 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.


Harold E. Kaplan, Esq.

ARTICLE IV — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE V — Limitation on Ownership And Purpose:

This Company is organized for the purpose of rendering medical and related services and transacting any and all lawful business permitted for such a professional service corporation under Chapters 608 and 621 of the F.S. and pursuant to Chapter 621 F.S., the members of this P.L. shall be physicians licensed under Chapter 458 F.S. or 459 F.S.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 7 day of April, 2008.


Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Irfan R. Imami, M.D.
Typed or printed name of signee

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