

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Aesthetics Center at Boca Woman Care LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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T. HAMPTON

EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Aesthetics Center at Boca Woman Care LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1601 Clint Moore Rd., Suite 210

1601 Clint Moore Rd., Suite 210

Boca Raton, FL 33487

Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Marc Schlosser

Name

1601 Clint Moore Rd., Suite 210

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33487

(City / State / Zip)

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 - Marc Schlosser

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Marc Schlosser, M.D. - 1601 Clint Moore Rd., Suite 210, Boca Raton, FL 33487

MGRM

Nathan Nachlas Revocable Trust - 1601 Clint Moore Rd., Suite 210, Boca Raton, FL 33487

MGRM

Kenneth Konyer, M.D. - - 1601 Clint Moore Rd., Suite 210, Boca Raton, FL 33487

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Marc Schlosser, M.D.

Typed or printed name of signee

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