

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000022112 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Phone

Fax Number

: (305)633-9696

LORIDA/FOREIGN LIMITED LIABILITY CO

ELITE PLASTIC SURGERY, PLLC

Certificate of Status O Certified Copy 1 Page Count 04 Estimated Charge \$155.00

T. CLINE

FEB - 2 2009

Electronic Filing Menu

Corporate Filing Menu

1/30/2009 11:57 AM

of 1

EMPIRE CORP KIT

9696889908

01/30/5006 J3:04

ARTICLES OF ORGANIZATION

OF

ELITE PLASTIC SURGERY, PLLC

The undersigned, pursuant to the provisions of Chapter 621 of the Florida Statutes, for the purpose of forming a professional limited liability company under the laws of the State of Florida, do set forth the following:

ARTICLE I - NAME

The name of the Limited Liability Company is **ELITE PLASTIC SURGERY**, PLLC (the "Company").

ARTICLE 11 - ADDRESS

The mailing address and street address of the principal office of the Company is: 20601 East Dixie Highway, Suite 310, Aventura, Florida 33180.

ARTICLE III - PERIOD OF DURATION

The period of duration of the Company shall be from the date of filing these Articles with the Department of State until the dissolution of the Company pursuant to provisions of the Florida Limited Liability Company Act.

ARTICLE IV - PURPOSE AND POWERS

The purpose of this Professional Limited Liability Company shall be to engage in every phase and aspect of the business of rendering to the public professional medical services a physician, duly licensed under the laws of the State of Florida to practice medicine; provided that, such professional services shall be rendered only through those corporate officers, employees, and agents who are duly licensed or otherwise legally authorized within the State of Florida, to practice within the State of Florida; provided further that nothing herein contained shall be deemed to provent the Company from employing unlicensed persons in capacities in which they will not render such professional services to the public in the course of their employment.

The company may also engage in any other activities not specifically prohibited to a Professional Limited Liability Company under the "Florida Limited Liability Company Act," or the "Florida Professional Service Corporation and Limited Liability Company Act," (the "Florida Acts") and shall also have the power to do all things necessary and proper to enable it to render such professional services and to engage in such activities, including, but not limited to, the powers enumerated in the Florida Acts or any amendments thereto, respectively, insofar as such powers do not conflict with the laws of the United States and the State of Florida.

H090000 22112

1

ARTICLE V - INITIAL REGISTERED AGENT

The name and street address of the registered agent in Florida for the Company is: Lea A. Salama DiMitri, P.A., 888 Southeast Third Avenue, Suite # 400, Fort Lauderdale, Florida 33316.

ARTICLE VI - MANAGEMENT

The Company is to be managed by one or more manager or managers, and is thus a manager-managed limited liability company. The name of the initial manager who is to serve until the first Annual Meeting of the Members or until their successors are duly elected and qualified is:

Moises Salama, M.D.

ARTICLE VII - INDIVIDUAL FORMING COMPANY

The name and address of the Member forming this company is:

Moises Salama, M.D. 20601 East Dixic Highway, Suite 310 Aventura, Florida 33180

and his authorized representative for purposes of executing these Articles of Organization is Lea-A. Salama DiMitri.

IN WITNESS THEREOF, the undersigned has executed these articles on the _ day of January, 2009, as the initial manager member of the Company identified above.

Moises Salama, M.D.

2

409000022112

ACCEPTANCE BY THE REGISTERED AGENT

L Lea A. Salama DiMitri, hereby accept appointment as a Registered Agent for the Professional Limited Liability Company, FLITE PLASTIC SURGERY, PLLC, and do hereby understand and accept the obligation of the position, and acknowledge my acceptance with my signature below on this 14th day of January, 2009.

Lea Salama DiMitril Registered Agent

THIS INSTRUMENT PREPARED BY:

Lea A. Salama DiMitri, Attorney Lea A. Salama DiMitri, P.A. 888 S.E. Third Avenue, Suite 400 Fort Lauderdale, Florida 33316 Telephone: (954)524-8888

Fax: (954)962-1127

Email: salamaesu@sol.com

2009 JAN 30 AH 8: 48
SECRETARY OF STATE

H09000022112

3