

LB9000010467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 2 2009

EXAMINER

January 26, 2009

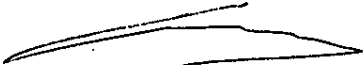
To Whom It May Concern:

Please find attached copies of a Corporation that was opened April 2008 (Document # W08000019215), apparently there was a mistake when filling and such Corporation is no longer valid or can not be found on line. We are submitting the application again together with a check for the amount of \$ 160.00. Also a copy of the Corporation ID Tax is included and we are kindly requesting to keep the same. A fictitious name was also filed dab as "DERMACARE OF AVENTUIRA" which still remains opened and we need to keep it.

Please see is this matter can be expedite ASAP, if you have any questions do not hesitate to call us at 305 439-2334, the contact person is SIXTA CASTILLO.

Thanking you in advance for your cooperation.

Sincerely,



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Juan A. Castillo-Plaza

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AESTHETICS CLINIQUE OF AVENTURA, LIMITED LIABILITY COMPANY  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CASTILLO - PLAZA

(Name of Person)

AESTHETICS CLINIQUE OF AVENTURA, L.L.C./dba Dermacare of Aventura

(Firm/Company)

18205 Biscayne Blvd Suite #100

(Address)

Aventura, Florida, 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Castillo- Plaza

(Name of Person)

at ( 305 ) 439-2334

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

### AESTHETICS CLINIQUE OF AVENTURA, LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

18205 Biscayne Blvd Suite # 100  
Aventura, Florida, 33160

#### Mailing Address:

17900 NW 5 Street Suite # 201  
Pembroke Pines Florida, 33029

### 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:

Juan Castillo-Plaza

Name

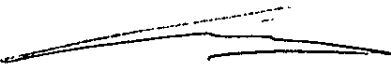
17900 NW 5 Street Suite # 201

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines Florida, 33029

City, State, and 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 (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Juan Castillo-Plaza - *MGRM*

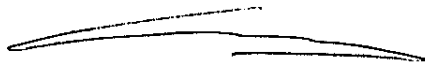
18205 Biscayne Blvd Suite # 100

Aventura, Florida, 33160

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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.)

*JUAN A. CASTILLO-PIAZA*

Typed or printed name of signee

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2009 JAN 30 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)