

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

revivify spa and clinics llc

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**Revivify Spa and Clinics LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: Revivify Spa  
and Clinics LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company: 1201 BRICKELL AVENUE, SUITE 610,  
MIAMI, FL 33131.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
STANLEY FOODMAN, 1201 BRICKELL AVENUE, SUITE 610, MIAMI,  
FL 33131.**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**Revivify Spa and Clinics LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
Registered Agent



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.)

**STANLEY FOODMAN**

\_\_\_\_\_  
Typed or printed name of signee

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