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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**GULF COAST DERMATOLOGY MEDICAL SPA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**S. HAWKES**  
JUL 21 2009  
**EXAMINER**

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**ARTICLES OF ORGANIZATION**

**OF**

**GULF COAST DERMATOLOGY MEDICAL SPA, LLC**

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Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned being authorized to execute and file these Articles, adopts the following Limited Liability Company Articles of Organization:

**ARTICLE I - NAME**

The name of this Limited Liability Company is **GULF COAST DERMATOLOGY MEDICAL SPA, LLC.**

**ARTICLE II - MAILING ADDRESS AND STREET ADDRESS**

The mailing address and the street address of the Company is 2420 Jenks Avenue, Suite C1, Panama City, FL 32405.

**ARTICLE III - PURPOSE**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - MANAGEMENT**

This organization is to be managed by a manager or managers elected by a majority interest of its members. The initial managers, who shall serve until the earlier of their deaths, resignations, replacements or until the first annual meeting of members and their successors are elected and qualified, shall be:

**Jon R. Ward, 2420 Jenks Avenue, Suite C1, Panama City, FL 32405**

**Michael A. Stickler, 2420 Jenks Avenue, Suite C1, Panama City, FL 32405**

If at anytime more than one manager is appointed, each manager may act independently of the other appointed manager(s) on any matters affecting this limited liability company.

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**ARTICLE V - MEMBERSHIP**

The member(s) of this limited liability company have the right to admit additional members to this organization upon the unanimous consent of those individuals or entities who are members prior to the admission of the new member. However, the transferee or assignee shall not be entitled to become a member or participate in the business and affairs of this limited company unless the transfer or assignment is approved by the unanimous consent of the member(s) not proposing to transfer or assign their interests.

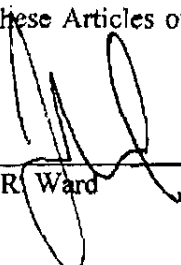
**ARTICLE VI - AMENDMENT OF ARTICLES OF ORGANIZATION AND  
OPERATING AGREEMENT**

These Articles of Organization and the Company's Operating Agreement may be amended at any time by the members.

**ARTICLE VII - INITIAL REGISTERED AGENT AND ADDRESS**

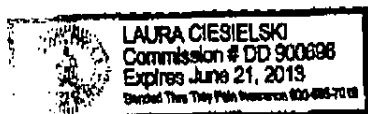
The name and street address of the initial registered agent of the Company is Jon R. Ward, 2420 Jenks Avenue, Suite C1, Panama City, FL 32405.

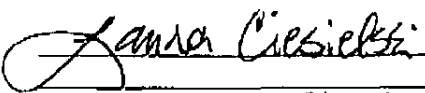
IN WITNESS WHEREOF, the undersigned, as an authorized representative of the member of the company, has executed these Articles of Organization on this 20<sup>th</sup> day of July, 2009.

  
\_\_\_\_\_  
Jon R. Ward

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of July, 2009, by Jon R. Ward, as a member of Gulf Coast Dermatology Medical Spa, LLC, a Florida limited liability company, who \_\_\_\_\_ is personally known to me or ☒ produced a Florida driver's license for identification.



 (SEAL)  
\_\_\_\_\_  
(Print Name)  
Notary Public

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ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
OF  
GULF COAST DERMATOLOGY MEDICAL SPA, LLC

FILED  
09 JUL 20 AM 8 12  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Gulf Coast Dermatology Medical Spa, LLC.

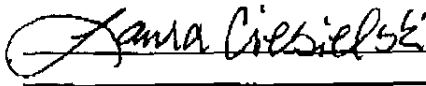
The name of the registered agent for Gulf Coast Dermatology Medical Spa, LLC, is Jon R. Ward, and the street address of the agent is 2420 Jenks Avenue, Suite C1, Panama City, FL 32405.

This statement is to acknowledge that, as indicated above, Gulf Coast Dermatology Medical Spa, LLC, has appointed me, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 20<sup>th</sup> day of July, 2009.

  
\_\_\_\_\_  
Jon R. Ward  
Registered Agent

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of July, 2009, by Jon R. Ward, who \_\_\_\_\_ is personally known to me or ☒ produced a Florida driver's license for identification.

 (SEAL)  
\_\_\_\_\_  
(Print Name)  
Notary Public

