

Division of Corporations

Page 1 of 1

**L10000047006**Florida Department of State  
Division of Corporations  
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.**

(((H10000107028 3)))



H100001070283ABCT

**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

From:

Account Name : AARON A. FARMER, P.L.  
Account Number : I20070000090  
Phone : (239) 262-2040  
Fax Number : (239) 262-2180**FILED**  
2010 MAY -3 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**  
10 MAY -3 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.  
MEDIFACE SPA, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

**C. LEWIS**  
MAY 4, 2010  
**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

(H10000107028 3)

FILED  
2010 MAY -3 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
MEDIFACE SPA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I. - NAME**

The name of the limited liability company shall be Mediface Spa, LLC (the "Company").

**ARTICLE II. — ADDRESS**

The initial mailing address and street address of the principal office of the Company shall be 3501 Health Center Boulevard, Suite 2210, Bonita Springs, FL 34135.

**ARTICLE III. — REGISTERED AGENT & REGISTERED OFFICE**

The name and the Florida street address of the initial registered agent of the Company shall be FARMER & HINSON, PLLC, Fifth Third Center, 999 Vanderbilt Beach Road, Suite 606, Naples, FL 34108.

**ARTICLE IV. — MANAGEMENT BY MANAGERS**

The Company shall be managed by one or more Managers. The name and Florida street address of the initial Manager shall be Dr. Alina Kochoumian Stanciu, 3501 Health Center Boulevard, Suite 2210, Bonita Springs, FL 34135.

**ARTICLE V. — EFFECTIVE DATE**

The effective date of these Articles of Organization shall be April 26, 2010.

NOW THEREFORE, the undersigned has signed these Articles of Organization for the Company and acknowledged them to be his act this 3<sup>rd</sup> day of May, 2010.

By: 

Aaron A. Farmer,  
Authorized Representative

*(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.)*

(H10000107028 3)

(H10000107028 3)

**CERTIFICATE OF ACCEPTANCE  
OF DESIGNATION OF  
REGISTERED AGENT OF  
MEDIFACE SPA, LLC**

Pursuant to Chapter 608, Florida Limited Liability Company Act, FARMER & HINSON, PLLC, located at 999 Vanderbilt Beach Road, Suite 606, Naples, FL 34108, having been named as registered agent to accept service of process upon Mediface Spa, LLC, hereby accepts the appointment as registered agent, agrees to act in that capacity, and agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties as registered agent, acknowledging hereby that it is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Acceptance to be executed in Naples, Collier County, Florida on 3<sup>rd</sup> day of May, 2010.

**FARMER & HINSON, PLLC**, a Florida  
professional limited liability company  
Initial Registered Agent

By: \_\_\_\_\_

Aaron A. Farmer, Its Manager

FILED  
2010 MAY -3 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA