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Florida Department of State  
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To:

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

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Aesthetic and Reconstructive Surgical Associates LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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T. HAMPTON

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EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

AESTHETIC AND RECONSTRUCTIVE SURGICAL ASSOCIATES LLC

**ARTICLE II ADDRESS**

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

321 NORTHEAST 176TH ST  
NORTH MIAMI BEACH, FLORIDA 33162**ARTICLE III PURPOSE**

The purpose for which the Limited Liability Company is organized is to engage in any services related to providing medical and surgical services permitted under the laws of the State of Florida.

**ARTICLE IV REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

DR. JAIME IVAN FLORES  
321 NORTHEAST 176TH ST  
NORTH MIAMI BEACH, FLORIDA 33162

Having been named as registered agent 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.

X

  
DR. JAIME IVAN FLORES / Registered Agent's signatureFILED  
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AESTHETIC AND RECONSTRUCTIVE SURGICAL ASSOCIATES LLC

**ARTICLE V MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE VI MEMBERS (optional)**

MANAGING MEMBER

DR. JAIME IVAN FLORES

321 NORTHEAST 176TH ST

NORTH MIAMI BEACH, FLORIDA 33162

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X

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.

DR. JAIME IVAN FLORES

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