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SEGRE TARY OF STATE
TALLAHASSEE, FLORIO

T. CLINE

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EXWINER

COVER LETTER

Registration Section
Division of Corporations

TO:

CENTERS

SUBJECT: Laser Contouring Center, LLC

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:

John De Lore	enzo			
		Name of Person		
All On Stage	Production			
-		Firm/Company		
2171 NE 44	Street			
		Address	· · · · · · · · · · · · · · · · · · ·	
Light House F	Point, FL 33064			2010 C
	Cir	ty/State and Zip Code		老門 乌
allonstage@a	ol.com			· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used	for future annual report notification)		mes se
For further information	concerning this matter, pleas	e call:		E FE S
	,	306 - 2 at (561) 306-8557	2578	2 × 2
John De Lorenzo		at (561) 306-6557		371/1 60
Name	of Person	Area Code & Daytime Tel	ephone Number	r
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENIERS	
Laser Contouring Center LLC	
(Must end with the words "Limited Lis	ability 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:	Mailing Address:
2171 N.E. 44 Street	2171 N.E. 44 Street
Light House Point,	Light House Point
FL, 33064	FL, 33064
The name and the Florida street address of the John De Lorenzo Nam OAZAN E. AA O.	JOHN DILORGUZO
2171 N.E. 44 Street	<u> </u>
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
Light House Point	FL 33064
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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

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

MGR	John De Lorenzo
	2171 N.E. 44 St Light House Point, FL 33064
MGRM	Lee A. Weiss
	1328 South Ocean Drive
	Fort Lauderdale, FL 33316
Use attachment if necessary)	SECRETWR
	्रा देखें व्य स्मार्ट
EV: Effective date, if other than the	date of filing: (OPTION
ective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business d
and and the factor of things,	→

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.)

John De Lorenzo

Typed or printed name of signee

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)