ision of Corporations

ectronic 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.

(((H11000049059 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. TU CANDELA BAR MIAMI LLC

Certificate of Status.

Certified Copy Page Count

Estimated Charge

1

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\$130.00

D. BRUCE

FEB 24 2011

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
To Candela Bar Miami LLC (Must end with the words "Limited Liability 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:
1888 5 Miami Ave Same Miami FL 33125
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: $EDGAR ARAY$ $EDGAR ARAY$
Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip Having been named as registered agent and 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 Registered Agent's Signature (REQUIRED) (CONTINUED)

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H11000049059

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Member	er e
•	0.00.00
MGRM	
	1888 S MIAMI AVE MIAMI FL 33/29
	1:1 12
MGRM	Libardo Naranjo
	1888 S. MIAMI AVE MIAMI FL 33129
And the second s	
(Use attachment if necessary) LEV: Effective date, if other	than the date of filing: (OPTIONAL
LE V: Effective date, if other of the fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
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CLE V: Effective date, if other of effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation are aware that any factors.	than the date of filing:
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of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

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