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Division of Corporations

BE Z&G ALDO

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (830) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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FLORIDA LIMITED LIABILITY CO.  
MED-SPA D'LY, LLC.

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**MED-SPA D'LY, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MED-SPA D'LY, LLC.**

**ARTICLE II - ADDRESS**

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

**11800 SW 18 ST # 209  
MIAMI, FL. 33175**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**PEDRO A. OTERO**

**11800 SW 18 ST # 209**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33175**

City, State, and Zip

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2011 MAY 31 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33166  
(305) 485-9300

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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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**PEDRO A. OTERO**  
11800 SW 18 ST # 209  
MIAMI, FL. 33175

**MANAGER**

**LIZET RODRIGUEZ**  
11800 SW 18 ST # 209  
MIAMI, FL. 33175

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**PEDRO A. OTERO**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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