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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019

Phone

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FLORIDA LIMITED LIABILITY CO.

KENDALL MEDICAL & AESTHETIC CENTER, LLC

Certificate of Status Certified Copy 0 03 Page Count \$130.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	,
KENDALL MEDICAL (Must end with the words "Limited Liabili	É AESTHETIC CENTER, LLC
(
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13500 NORTH KENDALL	13500 NORTH KENDALL
DRIVE SUITE# 211	DRIVE SUITE# 211
DRIVE SUITE # 211 MIAMI FL 33186	MIAMI FL 331860 -
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or and the of
Adams Au	Carone OFF is
MIGUEL ANG Name	egistered agent are: GEL CAMPS. RIDA ORDER
13500 NORTH Florida street add	ress (P.O. Box NOT acceptable)
MANI	n 33/86.
City, Sta	PL 33/86. Note, and Zip
Having been named as registered agent and to a	accent service of process for the above stated limited

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)

liability company at the place designated in this certificate, I hereby accept the appointment as

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an anthorized 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee

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