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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
RENAISSANCE MEDICAL AND SPA CENTER LLC

Certificate of Status	1
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Electronic Filing Menu

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENAISSANCE MEDICAL AND SPA CENTER 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:

13046 SW 196 ST
miami FL 33177

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:

OREN ABITBUL
 Name

13046 SW 196 ST
 Florida street address (P.O. Box NOT acceptable)
Miami FL 33177
 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.

OREN
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H12000032585

2012 FEB -7 AM 9:09
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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:

"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**OREN ABITBUL
13046 SW 19th ST
MIAMI FL 33177

(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 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. 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.)

OREN ABITBUL

Typed or printed name of signee

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SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA