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FLORIDA LIMITED LIABILITY CO.

COASTAL URGENT CARE & AESTHETIC SERVICES, LLC

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T. HAMPTON

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

COASTAL URGENT CARE & AESTHETIC SERVICES, LLC

ARTICLE II \_\_\_ADDRESS

The principal office of the Limited Liability Company Is:

1775 N ANDREWS SQUARE #204W POMPANO BEACH, FL 33061

The mailing address of the Limited Liability Company is:

PO BOX 780 POMPANO BEACH, FL 33061

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

GERALD E STOPCZYNSKI,D.O.,J.D. 1775 N ANDREWS SQUARE #204W POMPANO BEACH, FL 33061

Having been named as registered agent 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.

12 MAY 23

SECRETARY OF STATE

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#### PAGE 2 COASTAL URGENT CARE & AESTHETIC SERVICES, LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
GERALD E STOPCZYNSKI,D.O.,J.D.
PO BOX 780
POMPANO BEACH, FL 33061

MANAGING MEMBER
SONIA TALARICO, D.O., M.P.H.
PO BOX 780
POMPANO BEACH, FL 33061

SECRETARY OF STATE DIVISION OF CORPORATION

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.

SONIA TALARICO, D.O., M.P.H.