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FLORIDA LIMITED LIABILITY CO.

Concierge Dermatology, PLLC

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K. SALY
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FLORIDA DEPARTMENT OF STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
CONCIERGE DERMATOLOGY, PLLC,**

A Florida Professional Limited Liability Company

ARTICLE I - Name:

The name of the Company is: Concierge Dermatology, PLLC

ARTICLE II - Purpose:

The Company is organized for the purpose of conducting a medical practice and transacting any and all lawful business.

ARTICLE III - Address:

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

951 N.W. 13th Street, Suite 4-A
Boca Raton, FL 33486

ARTICLE IV - Management:


The Company shall be managed by its members in accordance with any operating agreement in effect.

ARTICLE V - Registered Agent, Registered Office & Registered Agent's Signature:

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

Cathy Davis
951 N.W. 13th Street, Suite 4-A
Boca Raton, FL 33486

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 605, Florida Statutes.


Registered Agent's Signature

(In accordance with section 605.0203, 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.)


Signature of a member or an authorized representative of a member

Rafael C. Cabrera
Typed or printed name of signee