

L15000 134268

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T SCHROEDER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 08/07/15

REF. #: 9653487

CORP. NAME: FLORIDA SKIN CANCER CENTER, LLC

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input checked="" type="checkbox"/> ANNUAL REPORT             | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION                | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT                        | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION          |   |   |
| <input type="checkbox"/> OTHER:                               |   |   |

STATE FEES PREPAID WITH CHECK# 31208432  
31208633 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA SKIN CANCER CENTER, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **FLORIDA SKIN CANCER CENTER, LLC**

**ARTICLE II: - Address**

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

**1030 A1A North  
Ponte Vedra Beach, Florida 32082**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**NRAI Services, Inc.  
1200 South Pine Island Road  
Tallahassee, Florida 33324**

*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, F.S.*

NRAI Services, Inc., Registered Agent

By: Michele Holden, Asst Sec  
Name: Michele Holden  
Title: Assistant Secretary

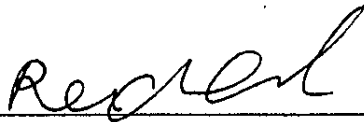
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**ARTICLE IV: - Management**

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

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on August 7, 2015, 2015.

  
\_\_\_\_\_  
Rema Awad, Authorized Signer

(In accordance with section 605.0203(1)(b), 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 Section 817.155, Florida Statutes.)

/s/ Rema Awad  
\_\_\_\_\_  
Typed or printed name of signee

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