

2/5/2016

**L16000029718**

Division of Corporations  
Florida Department of State  
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Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: juanl\_fasenda@hotmail.com

2016 FEB 11 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
DERMATECH LABORATORIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FEB-11-2016 12:24 From:  
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2/8/2016 11:53:18 AM PAGE 1/001 Fax Server

Page:2/4



February 8, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: DERMATECH LABORATORIES, LLC  
REF: W16000009528

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H16000030494  
Letter Number: 116A00002619

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DERMATECH LABORATORIES, 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:1261 SW 104 The Passage apt. 8-104  
Miami Florida 33174Mailing Address:1261 SW 104 The Passage apt. 8-104  
Miami Florida 33174

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Juan Luis Salcedo Fasenda

Name

1261 SW 104 The Passage apt. 8-104Florida street address (P.O. Box **NOT** acceptable)MiamiFL33174

City

State

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Juan Luis Salcedo Fasenda 50%

1261 SW 104 The Passage apt. 8-104

Miami Florida 33174

AMBR

Franklin Ramon Tovar Reyes 50%

1261 SW 104 The Passage apt. 8-104

Miami Florida 33174

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**


**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Juan Luis Salcedo Fasenda

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)