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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 065607 8079894

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 16, 2016

ORDER TIME : 12:08 PM

ORDER NO. : 065607-005

CUSTOMER NO: 8079894

DOMESTIC FILING

NAME: HAIR RESTORATION OF THE
PALM BEACHES, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
HAIR RESTORATION OF THE PALM BEACHES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the Limited Liability Company is HAIR RESTORATION OF THE PALM BEACHES, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
13005 Southern Boulevard
Suite 232
West Palm Beach, FL 33470

Mailing Address:
13005 Southern Boulevard
Suite 232
West Palm Beach, FL 33470

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

MARY ALICE GWYNN, ESQ.
MARY ALICE GWYNN, P.A.
817 George Bush Boulevard
Delray Beach, Florida 33483

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.



MARY ALICE GWYNN

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CLERK OF DISTRICT COURT
IN AND FOR THE STATE OF FLORIDA

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

Managing Member

DAVID A. ROSENSTEIN
13005 Southern Boulevard, Suite 232
West Palm Beach, Florida 33470


Managing Member


ITZHAK NIR
13005 Southern Boulevard, Suite 232
West Palm Beach, Florida 33483

ARTICLE V - OTHER MATTERS

The business of the company will be hair restoration and associated services.

REQUIRED SIGNATURES:



DAVID A. ROSENSTEIN


ITZHAK NIR

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.

16 MAR 16 PM 1:07

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CLERK OF STATE
TALLAHASSEE, FLORIDA