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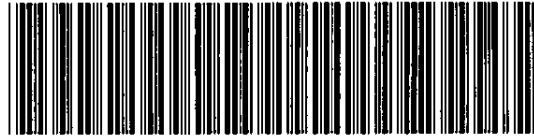
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**DATE: 1/18/17**

**NAME: ADVANCED TRAINING IN DERMATOLOGY, LLC**

**TYPE OF FILING: ARTICLES**

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**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANCED TRAINING IN DERMATOLOGY, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART B. KLEIN, ESO.

Name of Person

THE WAGNER LAW GROUP

Firm/Company

7108 FAIRWAY DRIVE, SUITE 125

Address

PALM BEACH GARDENS, FL 33418

City/State and Zip Code

DOCTORROBINS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART B. KLEIN at ( 561 ) 478-1588

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<u>    </u> \$125.00 Filing Fee	<u>  X  </u> \$130.00 Filing Fee & <u>    </u> \$155.00 Filing Fee &	<u>    </u> \$160.00 Filing Fee,
	Certificate of Status	Certificate of Status &
		Certified Copy
	(additional copy is enclosed)	(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
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Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
ADVANCED TRAINING IN DERMATOLOGY, LLC**

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Under the Revised Limited Liability Company Act  
Chapter 605, Florida Statutes

**ARTICLE I  
NAME**

The name of the limited liability company is **ADVANCED TRAINING IN DERMATOLOGY, LLC** (the "LLC").

**ARTICLE II  
ADDRESS**

The mailing address and the street address of the principal office of the LLC are  
127 Via Palacio, Palm Beach Gardens, FL 33418.

**ARTICLE III  
INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent of the LLC for service  
of process in the State of Florida is:

**PERRY ROBINS**  
127 Via Palacio  
Palm Beach Gardens, FL 33418

**ARTICLE IV  
EFFECTIVE DATE**

The effective date of this filing is January 17, 2017.

**ARTICLE V**  
**MEMBERS**

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

<u>Title:</u>	<u>Name and Address:</u>
President	Perry Robins, M.D. (AMBR) 127 Via Palacio Palm Beach Gardens, FL 33418
Secretary	Lawrence Edward Robins (AMBR) 330 E. 38 <sup>th</sup> Street, Apartment 41 N New York, NY 10016

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization this 17<sup>th</sup> day of January, 2017.

  
\_\_\_\_\_  
STUART B. KLEIN  
Authorized Representative

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

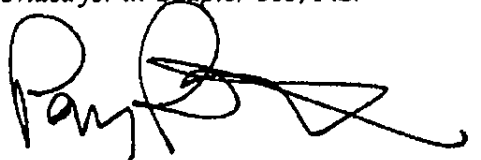
PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **ADVANCED TRAINING IN DERMATOLOGY, LLC.**

2. The name and Florida street address of the registered agent and office is:

PERRY ROBINS  
127 Via Palacio  
Palm Beach Gardens, FL 33418

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.*



PERRY ROBINS

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