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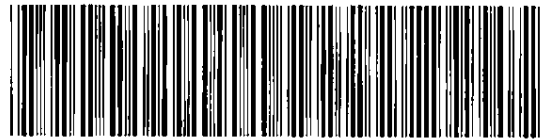
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# AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

April 11, 2017

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **DermSoutheast LLC**

Dear Madam/Sir:

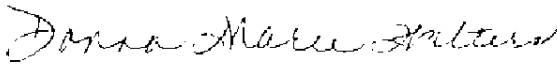
Enclosed are an original and one copy of the Articles of Organization for **DermSoutheast LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
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Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing

Thank you in advance for your usual assistance in these matters.

Sincerely,

  
Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
DERMSOUTHEAST LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **DermSoutheast LLC**.

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

1707 Riggins Road  
Tallahassee, Florida 32308-5317

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**Brian Schaper**  
1714 Mahan Center Boulevard  
Tallahassee, Florida 32308-5317

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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.*

s/Brian Schaper

**Brian Schaper, Registered Agent**

**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of each Manager are as follows:

<b>BHAVIK PATHIK SONI, Manager</b>	1707 Riggins Road Tallahassee, Florida 32308-5317
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<b>BRIAN SCHAPER, Manager</b>	1714 Mahan Center Boulevard Tallahassee, Florida 32308-5317
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 11th day of April, 2017.

*In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under 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, F.S.*

s/Robert A. Pierce

**Robert A. Pierce**  
Authorized Representative of Member