

L18000010525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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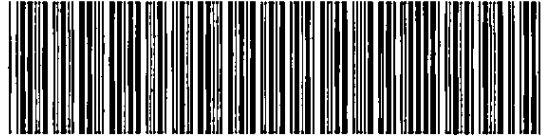
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/15/18--01012--014 **125.00

FILED
18 MAR 15 PM 12:47
MAR 15 2018

N CULLIGAN

MAR 21 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LA Plastic Surgery Lasers, 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:

Melinda Lacerna Kimbrell

Name of Person

Firm/Company

219 North 18th Street West

Address

Bradenton, Florida 34205

City/State and Zip Code

mlacerna@hotmail.com

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

For further information concerning this matter, please call:

Melissa Pitts

at (800) 375-2453

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA Plastic Surgery Lasers, LLC

(Must contain 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:

219 North 18th Street West,
Bradenton, FL 34205

Mailing Address:

219 North 18th Street West,
Bradenton, FL 34205

ARTICLE III - Registered Agent, Registered Office, & 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:

Melinda Lacerna Kimbrell

Name

219 North 18th Street West

Florida street address (P.O. Box **NOT** acceptable)

Bradenton

Florida

34205

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..

Melinda Lacerna Kimbrell

(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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18 MAR 15 PM 12:47
CLERK OF DISTRICT COURT
JANUARY 15 2018

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:

Chateau de Kimbrell, LLC

1231 W. Northern Lights Blvd. #911

Anchorage, Alaska 99503

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

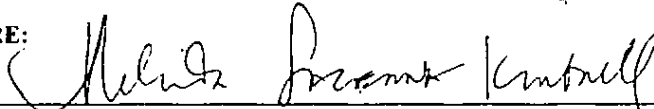
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. Distribution Authority:

~~The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken into account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year.~~

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.

Melinda Lacerna Kimbrell

Typed or printed name of signee

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)

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STATE
RECEIVED