

5/9/2019

Division of Corporations

Florida Department of State

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ELITE CONTOUR MED SPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2019 MAY 16 PM 1:55

2019 MAY 16 AM 11:23

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ELITE CONTOUR MED SPA, LLC

The undersigned organizer hereby forms this limited liability company pursuant to Chapter 605, Florida Statutes.

ARTICLE I - NAME:

The name of this Limited Liability Company is:

ELITE CONTOUR MED SPA, LLC

ARTICLE II - BUSINESS:

The business of this limited liability company is all business allowed under applicable laws of the State of Florida and the United States of America.

ARTICLE III - ADDRESS:

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

13005 Southern Boulevard, Suite 242
Loxahatchee, Florida 33470

ARTICLE IV - MANAGEMENT:

The company shall be managed by its members: the initial members and addresses are:

Trustees of The Allongo Family Life Care Trust Dated April 3, 2019
Susana E. Allongo, 19987 Black Falcon Drive, Loxahatchee, Florida 33470
Stefany Allongo, 157 North 123 Road S., Wauwatosa, Wisconsin 53226
Emily Allongo, 7253 SW 54th Court, Miami, Florida 33143,

ARTICLE V - RESTRICTION ON TRANSFER OF MEMBER INTEREST

The transfer of a member's interest is restricted by the company operating agreement.

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ARTICLE VI - REGISTERED AGENT

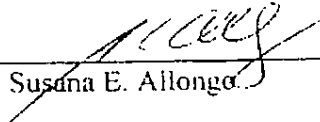
The registered agent to receive service of process for the company and location is:

Susan E. Allongo
19987 Black Falcon Drive
Loxahatchee, Florida 33470

ARTICLE VII - PREEMPTIVE RIGHTS

Any owner, upon the sale of any new issued ownership interest of this company, shall have the right to purchase his pro-rata interest at the price and terms at which it is being offered to others.

IN WITNESS WHEREOF, the undersigned member has executed these articles of organization on _____, 2019 and in accordance with section 605.0201, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Susana E. Allongo

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

PURSUANT TO THE PROVISIONS OF SECTION 605.011, FLORIDA STATUTES,
THE UNDERSIGNED 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: Elite Contour Med Spa, LLC
2. The name and the Florida address of the registered agent is: Susana E. Allongo, 13005 Southern Boulevard, Suite 242, Loxahatchee, Florida 33470

Having been named as registered agent and to accept service of process for the above stated professional 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.



Susana E. Allongo

Dated: April 3, 2019

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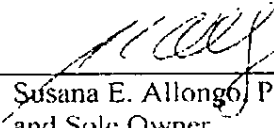
CONSENT TO USE SIMILAR ENTITY NAME

TO: Elite Contour Med Spa, LLC

The undersigned, as president and sole owner, does consent to the use of the above similar name, pursuant to Florida Statute 605.0112(1)(b).

Elite Contour Med Spa, Inc.

By:



Susana E. Allongo, President
and Sole Owner

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