

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
Flores Dermatology LLC

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**ARTICLES OF ORGANIZATION
OF
FLORES DERMATOLOGY LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of this limited liability company shall be FLORES DERMATOLOGY LLC (the "Company").

**ARTICLE II
ADDRESS**

The mailing address of the Company shall be 3275 Ponce De Leon Blvd., Coral Gables, Florida 33134, and the street address of the principal office shall be 6705 SW 57th Avenue, Suite 400, Coral Gables, Florida 33143, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III
REGISTERED AGENT**

The initial registered office of the Company is Theodore J. Giuffrida, M.D. The initial registered agent at that address is 3275 Ponce De Leon Blvd., Coral Gables, Florida 33134.

**ARTICLE IV
MANAGEMENT**

The Company shall be member-managed. The name and address of the initial member is:

The Derm Group, LLP
3275 Ponce de Leon Boulevard
Coral Gables, FL 33134

**ARTICLE V
DURATION**


The Company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of FLORES DERMATOLOGY LLC on this 26 day of September, 2019.



Theodore J. Giuffrida, M.D.
Authorized Representative

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

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

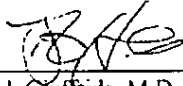
FIRST -- The name of the limited liability company is FLORES DERMATOLOGY LLC

SECOND -- The name and address of the registered agent and office is:

Theodore J. Giuffrida, M.D.
3275 Ponce De Leon Blvd.
Coral Gables, Florida 33134

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.

Dated as of the 26 day of September, 2019.



Theodore J. Giuffrida, M.D.