

L19000252534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

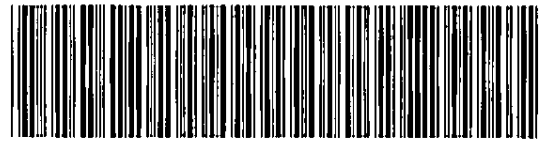
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/25/19--01017--026 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

OCT 21 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Reviving 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:

Dr. Denue M. Lago Guevara
Name of Person

Reviving Dermatology
Firm/Company

21301 Powerline Road Suite 108
Address

Boca Raton Florida 33433
City/State and Zip Code

guevadenti@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Guevara at (305) 978-8863
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

DR. DENISE GUEVARA 2nd ml
3912 S. OCEAN BLVD., #712
HIGHLAND BEACH, FL 33487

SUBJECT: REVIVIFY DERMATOLOGY, LLC
Ref. Number: W19000073971

We have received your document for REVIVIFY DERMATOLOGY, LLC and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the Filing Form to file a Limited Liability Company, however the exact fee you sent is the filing fee for a Limited Partnership. I am enclosing the filing form for your convenience so you may decide which one you want to file. If you file a Limited Liability Company just return the application with a separate letter and request a refund for the overpayment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 219A00016486

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Revivify Dermatology, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>21301 Powerline Road</u>	<u>21301 Powerline Road</u>
<u>Suite 108</u>	<u>Suite 108</u>
<u>Boca Raton Florida 33433</u>	<u>Boca Raton FL 33433</u>

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:

Dr. Denise Guavara
Name
21301 Powerline Road Suite 108
Florida street address (P.O. Box NOT acceptable)
Boca Raton Florida 33433
City State Zip

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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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

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TALLAHASSEE, FL

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(Use attachment if necessary)

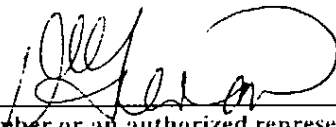
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Dr. Denise Guzman

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)