Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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.

# iMed Premier Aesthetics Spa LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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#### ARTICLE I - Name:

The name of the Limited Liability Company is:

iMed Premier Aesthetics Spa 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:

Mailing Address:

Date: 10/21/19 Time: 11:31 AM Page: 02/04

1250 East Hallandale Beach Blvd	1250 East Hallandale Beach Blvd
Suite 205 - Administration	Suite 205 - Administration
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009

### 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:

LEGALING CORPORATE SERVICES INC.

Name

5237 SUMMERLIN COMMONS BLVD, SUITE 400

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

 FORT MYERS
 FL
 33907

 City
 State
 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the FTI 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2919 OCT 21 AH II: 3

To: 18506176381 From: 12147128131 Date: 10/21/19 Time: 11:31 AM Page: 03/04

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# ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	The LDL CC
MGR	iMed Physicians Group
	2100 E Hallandale Beach Blvd, Ste 402 Hallandale Beach, FL 33009
	Hahantale Beach, PL 55009
MGR	William Filippelli
	2060 Northeast 185th Terrace
	North Miami Beach, FL 33179
MGR	Dr. Altagarcia Miranda
	2100 E Hallandale Beach Blvd, Ste 402
	Hallandale Beach, FL 33009
	r> 11 14 r
MGR	Dr. John Maarouf 2100 E Hallandale Beach Blvd, Ste 402
	Hallandale Beach, FL 33009
	Transcale Beach, 1 & 55005
(Use attachment if necessary)	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing	
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ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific an the date of filing.)	nd cannot be more than five business days prior to or 90 days after
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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)

To: 18506176381 From: 12147128131 Date: 10/21/19 Time: 11:31 AM Page: 04/04

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# Attachment to Articles of Organization for iMed Premier Aesthetics Spa LLC

### ARTICLE IV- (CONTINUED)

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

### MGR

Erika Dote 2100 E Hallandale Beach Blvd, Ste 402 Hallandale Beach. FL 33009

### MGR

Antonio Herrera 1250 East Hallandale Beach Boulevard, Suite 205 Hallandale Beach, FL 33009