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From:

Account Name : JONES FOSTER P.A. Account Number : 076077003231

Phone : (561)650-9471

Fax Number : (561)650-5300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bkennedy@jones foster. com

FLORIDA LIMITED LIABILITY CO. KENNEDY AESTHETICS, LLC

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December 12, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

JONES FOSTER P.A.

SUBJECT: KENNEDY AESTHETICS, LLC

REF: W19000107429

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

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

Jalesa S Dennis Regulatory Specialist II New Filing Section

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Re-sending document as it appears only 3 pages went through on Jax. 5 pages Japed tolough.

Thank you. Sheng Wodenth 561-650-0471

12/12/2019

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION

OF

KENNEDY AESTHETICS, LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

<u>Name</u>

The name of the Limited Liability Company is KENNEDY AESTHETICS, LLC.

ARTICLE II

<u>Address</u>

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

> 306 Valencia Road West Palm Beach, FL 33401

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC 505 South Flagler Drive, Suite 1100 West Palm Beach, Florida 33401

ARTICLE IV

<u>Management</u>

The Limited Liability Company will be manager-managed.

ARTICLE V

Manager

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

Sarah Hill Kennedy 306 Valencia Road West Palm Beach, FL 33401

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Sarah Hill Kennedy

Authorized Representative

Date: December 10, 2019

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That KENNEDY AESTHETICS, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC, Register Agent