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RLEATINGE TELEPOR

COVER LETTER

New Filing Section

TO:

Division of Corporations
SUBJECT: Amelia Medical Aesthetics
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:
Shauna McNabb
Name of Person
Amelia Medical Aesthetics
Firm/Company
1517 Penbrook Dr
Address
Fernandina FL 32034
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shauna McNabb at 904 2069429
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee. Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI, 323142661 Executive Center Circle Tallahassee, FI, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	edical Aesthetics ontain the words "Limited Liabi		L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and stree	t address of the principal office	of the Limited I	liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address
1517 Penbrook Dr		1517 F	enbrook Dr
Fernandina FL 32034		Fernar	dina FL 32034
ne Limited Liability Comp	Agent, Registered Office, & Reginy cannot serve as its own Regin active Florida registration.)		
The Limited Liability Componenther business entity with	iny cannot serve as its own Regin active Florida registration.) set address of the registered ager	stered Agent, Y nt are:	ou must designate an indivi
The Limited Liability Companies business entity with	iny cannot serve as its own Region active Florida registration.) ret address of the registered agen Northwest Regional Regions Regional Regions (Northwest Regions)	stered Agent, Y nt are: stered Ag	ou must designate an indivi
The Limited Liability Componenther business entity with	iny cannot serve as its own Regin active Florida registration.) set address of the registered ager	stered Agent, Y nt are: stered Ag ne	ou must designate an indivi
'he Limited Liability Compoter business entity with	iny cannot serve as its own Regin active Florida registration.) eet address of the registered ager Northwest Reginates Nat	stered Agent. Y nt are: stered Ag ne STE 300	ent LLC
The Limited Liability Composition of business entity with	iny cannot serve as its own Regin active Florida registration.) eet address of the registered ager Northwest Reginal Nation 17901 4th St N	stered Agent. Y nt are: stered Ag ne STE 300	ent LLC

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..

Northwest Registered Agent LLC

Tom Glover - Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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.

Shauna McNabb

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)

REQUIRED SIGNATURE

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

200 JUR 15 AM IU: U /

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT:	Amelia Medical Aesthetics
	Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please ren	im all correspondence concerning this	matter to the fo	ollowing:	
	Shauna McNat	ob		
		Name of	Person	
	Amelia Medica	l Aesth	netics	
	"	Firm/Cor	npany	
	1517 Penbrook	(Dr		
		Addre	88	
	Fernandina FL	32034	-	
		City/State and	Zip Code	
-	E-mail address: (to be us	sed for future an	nual report notificati	on)
For further in	aformation concerning this matter, ple	ase call;		
	Shauna McNabb	904	2069429)
•	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	Certified	Filing Fee & I I Copy copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	_	treet Address	
	New Eiling Coeties		Lang Bilian Cameran	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	edical Aestheti		, "L.lC" or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limited	d Liability Company is:	
<u>Princ</u>	pal Office Address:		Mailing A	ddress:
1517 Penbrook Dr Fernandina FL 32034			7 Penbrook Dr nandina FL 32034	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its own i active Florida registration	Registered Agent. 1.)		individual or
	Northwest Re	egistered A	gent LLC	
	7001 1th Ct	Name	.	
	7901 4th St Florida street address			
	St. Petersburg	_	33702	
		-		
	City	State	Zip	

(CONTINUED)

Title:	urthorized to manage and control the Limited Liability Company;
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Shauna McNabb
	1517 Penbrook Dr
	Fernandina FL 32034
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing:
ARTICLE V: Effective date, if other than the date of if an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this blood, it	than the flan five business days prior to or 90 days after
ARTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	than the flan five business days prior to or 90 days after
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)