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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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. ZION PLASTIC SURGERY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Zion Plastic Surgery LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
A STATE OF THE WINDOW.
15540 SW 115 terr Miami FL 33196
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Lin ited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business en ity with an active Florida registration.)  Alexis Perez Zamirez
Alexis Perez Ramirez 15540 SW 115 TERR
MIAMI FL 33196
ARTICLE IV The name and title of each person authorized to manage and control the L mited Liability Company: (MGR or AMBR)
Alexis Peiez Ramirez AMBR
Lihiam Zayas Sanchez AMBR
Odaisy Perez AMBR

## Required Signatures:

Signature of a member or an authorized representative of a member.

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. 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.

ALEXIS PEREZ RAMIREZ

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...

Registered Agent's Signature (REQUIRED)

2020 JUL 22 AM 11: 35