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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
PRESTIGE PLASTIC SURGERY OF MIAMI LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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J. FASON

OCT 15 2020

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FLORIDA DEPARTMENT OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRESTIGE PLASTIC SURGERY OF MIAMI 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:3400 CORAL WAY STE 700
MIAMI, FL 33145Mailing Address:3400 CORAL WAY STE 700
MIAMI, FL 33145**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:

DELEON AESTHETICS LLC

Name

3250 NE 1st AVE APT 504Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33137

Zip

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..

/s/ Gwendolyn A. Delson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

DELEON AESTHETICS LLC
3250 NE 1st AVE APT 504
MIAMI, FL 33137

AMBR

RCC WORLD INTERNATIONAL
16132 SW 63 TERRACE
MIAMI, FL 33193

(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:

/s/ Gwendolyn A. Deleon

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.

GWENDOLYN A. DELEON

Typed or printed name of signer

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)

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 MIAMI, FL

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