Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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

Cmall	Address:	
	MUUI COO.	

FLORIDA LIMITED LIABILITY CO. MOON AESTHETICS & MEDICAL OFFICE LLC

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\$130.00

ARTICLES OF ORGANIZATION

FOR	
FLORIDA LIMITED LIABILITY COMPANY	ப்
	=0
ARTICLE I - Name:	
The name of the Limited Liability Company is:	£ 4
MOON Hestheties & Medical C	Hice
ARTICLE II - Address:	LLC
The mailing address and street address of the principal office of the Limited Liab Company is:	ility
12302 SW 122 ST	
Minumi F/ 33186.	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (. ha Limited Lin	ability
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	y
1	
VULFIMY LUGOROS	
12302 SW 122 St	
MIAMI FL 3318Co	
THINK! 12 5) LO	
ARTICLE IV The name and title of each person authorized to manage and control the Lim Liability Company: (MGR or AMBR)	ited
A Maria R	
YULFINY LUGONES AMBR	
PEdro Junco Hormigo AMB	217

Required Signatures:

0 PEC -

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.

Typed or printed pame of signed

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)