

**L21000339304**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000284742 3)))



H210002847423ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL 26 PM 2:19

FILED

**\*\*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.  
SKINFETCH MIAMI CLINIC, LLC**

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

2021 JUL 26 PM 4:50

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

2021 JUL 26 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SKINFETCH MIAMI CLINIC, LLC

**ARTICLE II - Address:**

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

9790 CORAL WAY MIAMI, FL 33165

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

MARTA BARBARA REYES

9790 CORAL WAY MIAMI FL 33165

**ARTICLE IV**

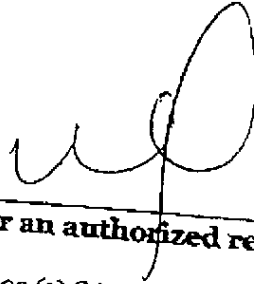
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

MARTA BARBARA REYES (AMBR)

MACARENA MERCEDES IRIARTE (AMBR)

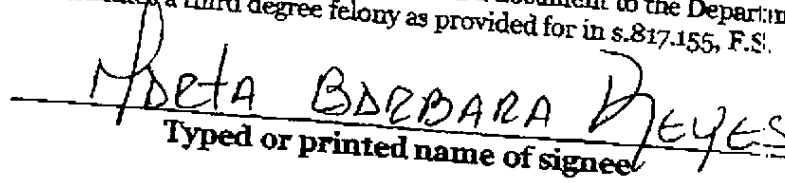
AGUSTIN SANTANA (AMBR)

CARLOS ALBERTO ZABALZA (AMBR)

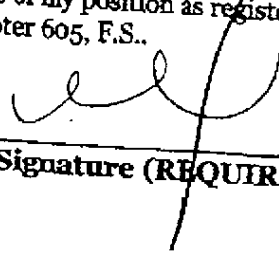
**Required Signatures:**

\_\_\_\_\_  
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.

  
Typed or printed name of signee

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)