

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000063533  
FILED 8:00 AM  
February 07, 2022  
Sec. Of State  
mnkane

**Article I**

The name of the Limited Liability Company is:

REVIVIFY SMP HAIR CLINIC LLC

**Article II**

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

1750 SUNSHADOW DR.  
SUITE 134  
CASSELBERRY, FL. US 32707

The mailing address of the Limited Liability Company is:

450 WILFORD AVE  
LONGWOOD, FL. US 32750

**Article III**

The name and Florida street address of the registered agent is:

ZORAIDA MARTINEZ  
450 WILFORD AVE  
LONGWOOD, FL. 32750

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.

Registered Agent Signature: ZORAIDA MARTINEZ

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ZORAIDA MARTINEZ  
450 WILFORD AVE  
LONGWOOD, FL. 32750 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

02/06/2022

Signature of member or an authorized representative

Electronic Signature: ZORAIDA MARTINEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.