

Mar. 17 2022 11:06AM

Division of Corporations

No. 4750

P. 1

Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
AESTHETIC MANAGEMENT SERVICES, LLC**

Certificate of Status	0
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March 16, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: AESTHETIC MANAGEMENT SERVICES, LLC
REF: W22000034775

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AESTHETIC MANAGEMENT SERVICES, 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:

3225 RAMBLEWOOD DR. N. UNIT 20 D-5
SARASOTA, FL 34237

Mailing Address:

410 GRAHAM AVENUE
BROOKLYN, NY 11211

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:

ANTONIO PASQUARIELLO

Name

3225 RAMBLEWOOD DR. N., UNIT 20-D-5

Florida street address (P.O. Box NOT acceptable)

<u>SARASOTA</u>	<u>FL</u>	<u>34237</u>
City	State	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/ Antonio Pasaquariello

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:AMBRANTONIO PASQUARIELLO
410 GRAHAM AVENUE
BROOKLYN, NY 11211AMBRMICHAEL C. DUNN
532 BROADHOLLOW ROAD, STE 129
MELVILLE, NY 11747AMBRMICHAEL CHO
31 RIDGE ROAD
ALBERTSON, NY 11507AMBRMARCELLO CEASERINI
16950 JOG ROAD, STE 111
DELRAY BEACH, FL 33446

(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/ Antonio Pasquariello**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.

ANTONIO PASQUARIELLO

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)**FILED
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