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CM NO. 45458.0002

## FLORIDA LIMITED LIABILITY CO. Florida Institute of Plastic Surgery, LLC

|                       |          |
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| Certificate of Status | 1        |
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| Estimated Charge      | \$160.00 |

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**ARTICLES OF ORGANIZATION  
OF  
FLORIDA INSTITUTE OF PLASTIC SURGERY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended (the "Act"), hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company is **FLORIDA INSTITUTE OF PLASTIC SURGERY, LLC** (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is **16373 SE 82<sup>ND</sup> COURT, SUMMERFIELD, FL 34491**.

**ARTICLE III - DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV - REGISTERED OFFICE AND AGENT AND ADDRESS**

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

| <u>Name</u>        | <u>Address</u>   |
|--------------------|--|
| FRANZISKA HUETTNER | 16373 SE 82 <sup>ND</sup> COURT<br>SUMMERFIELD, FL 34491 |

**ARTICLE V - MANAGEMENT**

The name and address of each person authorized to manage and control the limited liability company:

| Title                         | Name and Address   |
|-------------------------------|--|
| Authorized Member/Sole Member | FRANZISKA HUETTNER<br>16373 SE 82 <sup>ND</sup> COURT<br>SUMMERFIELD, FL 34491 |

[Signature page follows]

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The undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 4/13/2022 day of April, 2022.

FLORIDA INSTITUTE OF PLASTIC SURGERY, LLC, a Florida limited liability company

By:

DocuSigned by:

Franziska Huettner

Name: Franziska Huettner

Title: Authorized Member

#### REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for **FLORIDA INSTITUTE OF PLASTIC SURGERY, LLC, a Florida limited liability company**, at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated: April 13, 2022  
4/13/2022

DocuSigned by:

Franziska Huettner

Name: Franziska Huettner

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