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FLORIDA LIMITED LIABILITY CO. LIFESTYLE PLASTIC SURGERY, LLC

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TI I III

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFESTYLE PLASTIC SURGERY, LLC

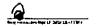
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street add	iress of the principal	l office of the Lim	nited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
16132 SW 63th TER			16132 SW 63th TER	
MIAMI, FL 33193			MIAMI, FL 33193	
ARTICLE HI - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its ov ctive Florida registra	vn Registered Age tion.)	ent. You must designate an individual	or
	ROSY M. FERNA	NDEZ		
		Name		
	16132 SW 63th TE	ER		
	Florida street addr	ess (P.O. Box <u>NC</u>)T acceptable)	
	MIAMI	FL	33193	

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..

State



City

Registered Agent's Signature (REQUIRED)

Zip -

(CONTINUED)

2021 APR 19 AM 9: 22

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Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	ROSY M. FERNANDEZ	
	16132 SW 63th TER MJAMI, FL 33193	
	MG/(M/), (2 93/93	
		
·		
(Use attachment if necessary)		
LEV: Effective date, if other than the	ne date of filing: (OPTIO	NAL) ing to or 90 days after
EV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days pr	ior to or 90 days after
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