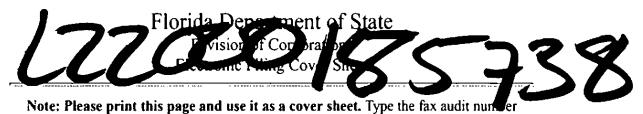
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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H220001626113ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EYKRAEVA@GMAIL.COM

Email Address:

FLORIDA LIMITED LIABILITY CO.

Dr. K's Aesthetics LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130,00

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H22000162611

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
	s Aesthetics LLC ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1050 Brickell Avenue, Apt 2514 Miami, FL 33131	1050 Brickell Avenue, Apt 2514 Miami, FL 33131
	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or a registration.)
The name and the Florida street address of th	e registered agent are:
Ekaterina Kraey	/a
	Name
	venue, Apt 2514
	ss (P.O. Box <u>NOT</u> acceptable)
<u>Miami</u>	FL 33131
City	y 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..

> & Braeva Registered Agent's Signature (REQUIRED) Ekaterina Kraeva (CONTINUED)

> > Page 1 of 2

H22000162611

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Ekaterina Kraeva
	1050 Brickell Avenue, Apt 2514
	Miami, FL 33131
	-
<u> </u>	
(Use attachment if necessary)	
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