

L22000185971

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
DERM CARE LLC.**

Certificate of Status	1
Certified Copy	0
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STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -5 AM 8:22

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Derm Care LLC

**ARTICLE II - Address:**

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

1326 Poseidon Point  
Vero Beach, FL 32963

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

Cynthia Wallace, 1326 Poseidon Point  
Vero Beach, FL 32963

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

Cynthia Wallace -AMBR

**Required Signatures:**

*Cynthia Wallace*

**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

*Cynthia Wallace*

**Typed or printed name of signee**

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..

*Cynthia Wallace*

**Registered Agent's Signature (REQUIRED)**

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