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To:

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Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
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**FLORIDA LIMITED LIABILITY CO.  
BETTER ME MEDICAL SPA LLC**

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

***Articles of Organization***  
***for***  
***Florida Limited Liability Company***

ARTICLE I NAME

The name of the Limited Liability Company is: **BETTER ME MEDICAL SPA LLC**

ARTICLE II ADDRESS

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

Principal Office Address: **REGENCY COURT AT WOODFIELD, 3011 YAMATO RD., SUITE A-13, BOCA RATON, FL 33434**

Mailing Address: **REGENCY COURT AT WOODFIELD, 3011 YAMATO RD., SUITE A-13, BOCA RATON, FL 33434**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

**ALLA TSIMERMAN, REGENCY COURT AT WOODFIELD, 3011 YAMATO RD., SUITE A-13, BOCA RATON, FL 33434**

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/ ALLA TSIMERMAN

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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ALLA TSIMERMAN  
ALLA TSIMERMAN, FLORIDA

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

**ALLA TSIMERMAN, Authorized Member, 6442 NW 31<sup>ST</sup> TER, BOCA RATON, FL 33496**

**IGOR TSIMERMAN , Authorized Member, 6442 NW 31<sup>ST</sup> TER, BOCA RATON, FL 33496**

**ES 1, LLC, Authorized Member, 88 WALKER RD, SUITE 21-2, DOVER, DELAWARE 19904**

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.

/s/ ALLA TSIMERMAN

\_\_\_\_\_  
Authorized Member

/s/ IGOR TSIMERMAN

\_\_\_\_\_  
Authorized Member

/s/ ES 1, LLC

\_\_\_\_\_  
Authorized Member  
By EDUARD SHLEYGER

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