

**C2200028474511**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : KOUTOULAS & RELIS, LLC  
Account Number : I20070000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

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

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**FLORIDA LIMITED LIABILITY CO.  
Between The Lines Aesthetics LLC**

Certificate of Status	1
Certified Copy	0
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ACTION  
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STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
BETWEEN THE LINES AESTHETICS LLC**

The undersigned, acting as organizer of Between The Lines Aesthetics LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

**ARTICLE I.**

The name of the limited liability company shall be:

Between The Lines Aesthetics LLC

**ARTICLE II.**

The mailing and street address of the principal office of the limited liability company is:

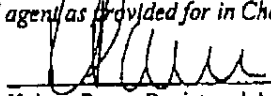
13274 SW 40 St  
Davie, FL 33330

**ARTICLE III.**

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

Kelsey Parra  
13274 SW 40 St  
Davie, FL 33330

*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.*

  
Kelsey Parra -Registered Agent

Prepared by:  
Koutoulas & Relis, LLC  
1776 N Pine Island Road, Suite 316  
Plantation, FL 33322  
Phone: (954) 332-1345  
Fax: (954) 332-1346

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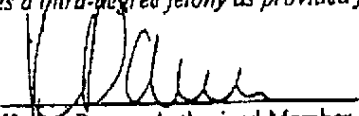
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ARTICLE IV.

This limited liability company is to be managed by one member. The name and address of the Authorized Member is as follows:

Kelsey Parra – Authorized Member  
13274 SW 40 St  
Davie, FL 33330

*In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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.817-153, F.S.*

  
Kelsey Parra – Authorized Member

\*Signature of Member or authorized representative of a member

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