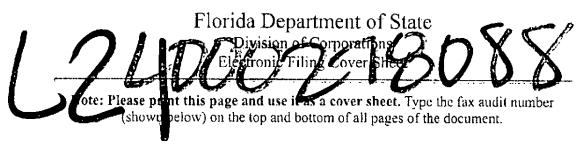
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_\_\_

# FLORIDA LIMITED LIABILITY CO. AESTHETICS CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## Aesthetics Consulting LLC

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

#### ARTICLE II - Address:

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

# Principal Office Address:

Mailing Address:

 9304 Creedmoor Lane
 9304 Creedmoor Lane

 Trinity, FL 34654
 Trinity, FL 34654

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

			_	
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Name
9304 Creedmoor Lane
Fiorida street address (P.O. Box NOT acceptable)
Trinity FL 34654
City State 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 majition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRI

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

From: Yanet Avila

<u>l'itle:</u>		Same and Address:
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