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DATE: 06/24/24

NAME: PARULA MEDICAL AESTHETICS LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Parula Medical Aesthetics LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph A. YOLOFSKY

Name of Person

YOLOFSKY LAW, P.A.

Firm/Company

100 SE 3rd Ave, Ste 1000

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

ajy@yolofsky.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. YOLOFSKY

954

237-4011

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
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(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parula Medical Aesthetics LLC

(Must contain 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:

610 Wymore Rd.
Winter Park, FL 32789

Mailing Address:

2408 Hassonite St.
Kissimmee FL 34744

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:

Yolofsky Law, P.A.

Name

100 SE 3rd Ave. Ste 1000

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

FL

33394

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 position as registered agent as provided for in Chapter 605, F.S.

DocuSigned by:

A. J. Yolofsky

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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\$ 5.00 Certificate of Status (Optional)