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PLEA	ASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CONT	PLAIN STAMPED COPY FACT PERSON: Robert Maxwell	Verifyer Acknowledg Jient W. P. Verifyer
	EXAMINER'S INITIA	LS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is: GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC

ARTICLE II. ADDRESS

The mailing addres and street address of the principal office of the Limited Liability Company is: 1600 South Federal Highway, Suite 820, Pompano Beach, Florida 33062.

ARTICLE III. DURATION

The period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida, 32301 and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Member: Dr. Marc Goulet 1600 South Federal Highway, Suite 820 Pompano Beach, Florida 33062

The undersigned authorized representative of a member of GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC hereby executes these articles of organization on this 5 of January 1999.

CORPORATION SERVICE COMPANY

Y! KAREN B. ROZAR

as its agent as authorized representative of GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC

ACCEPTANCE OF REGISTERED AGENT DESIGNATED

IN ARTICLES OF ORGANIZATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the Limited Liability Company named above, and having been designated as the registered agent in the above and foregoing articles, is familiar with and accepts the obligations of the position of registered agent under Section 608.415 or 608.507 Florida Statutes.

CORPORATION SERVICE COMPANY

Its Agent, Karen B. Rozar

Dated: January 5, 1999.

rwm



AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC deposes and says:

- 1) the above named limited liability company has at least one member:
- 2) the total amount of cash contributed by the member(s) is _____:
- 3) if any, the agreed value of property other than cash contributed by member(s) is _____:
- 4) the amount of cash or property anticipated to be contributed by member(s) is _____:

5) the total amount of 2, 3, and 4 is: 100,00

Karen B. Rozar as agent for Corporation Service Company in its capacity as authorized representative of GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 INN 12 PM 1: 50

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

5 deday of January, 1989.

MITNESS SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

CHANCE A. Y. (N.C.

TYPED OR PRINTED NAME

CHANCES A. Y. (N.C.

TYPED OR PRINTED NAME

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