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February 13, 2001

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Registration Documents - Advanced Laser Clinics of Tampa Bay, LLC

Dear Registration Section:

800003783648--5  
-02/27/01--01128--009  
\*\*\*\*125.00 \*\*\*\*125.00

Enclosed you will find the following documents:

- 1) Duplicate originals of Application by Foreign Limited Liability Company and Certificate of Designation;
- 2) Original Certificate of Existence issued by the Secretary of State of Washington;
- 3) A check payable to the Florida Department of State for \$125;
- 4) Stamped e self-addressed return envelope to me.

Please file the Application and Certificate, conform the duplicate copy, and return the duplicate copy to me in the enclosed envelope. If you have any questions, please call or fax me at the numbers listed above.

Very Truly Yours,



Dennis G. Riggs

FILED  
00 FEB 27 AM 2:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

mt  
2/28

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Advanced Laser Clinics of Tampa Bay, LLC  
(Name of foreign limited liability company)

2. Washington 3. 91-2101062  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 25, 2001 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. March 1, 2001 (est.)  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 110 W. Dayton Suite #202  
Edmonds WA 98020  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Advanced Laser Clinics, Inc. 110 W. Dayton #202 Edmonds WA 98020  
FALCON Laser Clinic LLC PO. Box 340 Plainview NE 68769

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: laser hair removal clinic

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Chris Par, CEO, Adv. Laser Clinics, Inc., Member

Typed or printed name of signee

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00 FEB 27 AM 14  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Advanced Laser Clinics of Tampa Bay, LLC

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

Registered Agents Legal Services, Inc.

(Name)

1333 N. Duvall St.

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

Tallahassee FL 32302

FL

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 608, F.S..*

*[Signature]* V.P. Registered Agents Legal Services, Inc.  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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00 FEB 27 AM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE of WASHINGTON



## SECRETARY of STATE

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

**ADVANCED LASER CLINICS OF TAMPA BAY, LLC**

I **FURTHER CERTIFY** that the records on file in this office show that the  
above named limited liability company was formed under the laws of the  
State of Washington and was issued a Certificate of Formation  
in Washington on January 25, 2001.

I **FURTHER CERTIFY** that as of the date of this certificate, no cancellation  
have been filed, and that the limited liability company is duly authorized to  
transact business in the limited liability company form in the State of Washington.



Date: February 3, 2001

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

  
ea Sam Reed, Secretary of State

FILED  
00 FEB 27 AM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA