

08 2 1 FAX 553 278 7201/003 Page 1 of 1
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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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(((H02000175804 2)))

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (678) 553-2446
Fax Number : (678) 553-2301

DIVISION OF CORPORATION

02 AUG -5 AM 7:52

RECEIVED

W02-22417

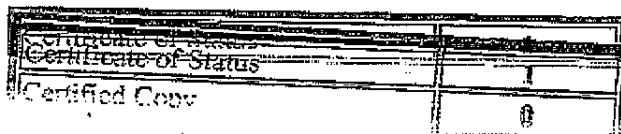
FOREIGN LIMITED LIABILITY COMPANY

AMERICAN PLASTIC SUERGY OF FLORIDA, LLC

W28/5

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DIVISION OF CORPORATIONS



Certificate of Status

5

AUG. 5. 2002 1:18PM

SENT BY GREENBERG & TRAURIG

NO. 2988- P. 1

Triad Professional Services, LLC
www.triadpros.com

FAX TRANSMITTAL

Phone (678) 553-2300

Fax (678) 553-2188

TO: Lee Rivers
FAX NUMBER: 850-205-0383
FROM: Mary Paris
DATE: August 5, 2002
RE: H02000175804 2 / American Plastic Surgery of Florida, LLC

Number of pages including cover: 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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MESSAGE:

Lee: per my conversation with your office in reference to the fax filing of an Application by Foreign Limited Liability Company to Transact Business in Florida for AMERICAN PLASTIC SURGERY OF FLORIDA, LLC, attached is a certificate of good standing for the above referenced filing. Please let me know ASAP when this filing is complete.
File No. H02000175804 2

Please notify Sender immediately if not received properly at (678) 553-2300.

The information contained in this transmission is confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the address below via the U.S. Postal Service. We will reimburse you for your postage. Thank you.

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DIVISION OF CORPORATIONS

3290 Northside Parkway, Suite 400, Atlanta, Georgia 30327

H02000175804 2

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

*IN COMPLIANCE WITH SECTION 608.502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. AMERICAN PLASTIC SURGERY OF FLORIDA, LLC

(Name of foreign limited liability company)

2. Delaware

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 11-3649352

(FEI number, if applicable)

4. August 29, 2002

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. August 29, 2002

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1150 Lake Hearn Drive, Suite 640

Atlanta, GA 30342

(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:

American Plastic Surgery, LLC - 1150 Lake Hearn Drive Suite 640 Atlanta, GA 30342

**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:

Cosmetic surgery

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.)

Matthew R. Heston
Typed or printed name of signee

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02 AUG -5 PM 2:55

H02000175804 2

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:

AMERICAN PLASTIC SURGERY OF FLORIDA, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

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

Tallahassee

FL 32301

(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.

By: _____

(Signature)

Mary Paris, Assistant Secretary

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

FILED
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DIVISION OF CORPORATIONS
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AUG. 5. 2002 1:18PM

SENT BY GREENBERG & TRAUIG, B.

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NO. 2988 -P. 2-

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN PLASTIC SURGERY OF FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2002.

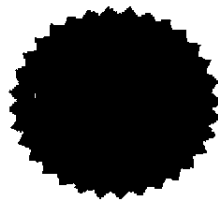
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN PLASTIC SURGERY OF FLORIDA, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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3519609 8300

020494389



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1918927

DATE: 08-02-02