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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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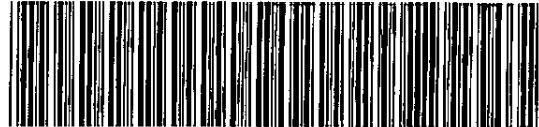
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIANCE MEDSPA OF WESTON, FLORIDA, PLLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CORT A. NEIMARK, ESQ.
(Name of Person)

NEIMARK & NADEL, P.A.
(Firm/Company)

800 Corporate Drive, Suite 420
(Address)

Fort Lauderdale, Florida 33334
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Cort A. Neimark at (954) 493-8000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

LAW OFFICES

NEIMARK & NADEL

PROFESSIONAL ASSOCIATION

SUITE 420
800 CORPORATE DRIVE
FORT LAUDERDALE, FLORIDA 33334

TELEPHONE (954) 493-8000
TELEFAX (954) 493-6505

May 25, 2005

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Radiance Medspa of Weston, Florida, PLLC
Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

Dear Sir/Madam:

Enclosed please find the following in connection with the above-referenced:

1. Original Certificate of Good Standing from State of Arizona Office of the Corporation Commission for Radiance Medspa of Weston, Florida, PLLC;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, duly signed;
3. Certificate of Designation of Registered Agent/Registered Office;
4. Check in the amount of \$125.00 for filing fee for Application and Designation of Registered Agent.

Please file the documents as appropriate and provide confirmation by stamping a copy of this correspondence "received" and return to the undersigned in the self addressed, stamped envelope provided herewith. Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

NEIMARK & NADEL, P.A.

By: 

CORT A. NEIMARK

CAN/lsc
Enclosures
cc: client

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TALLAHASSEE, FLORIDA

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**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. RADIANCE MEDSPA OF WESTON, FLORIDA, PLLC
(Name of Foreign Limited Liability Company)
2. ARIZONA 3. 75-3192248
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. MARCH 14, 2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4551 WESTON ROAD, WESTON, FLORIDA 33327
(Street Address of Principal Office)

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TALLAHASSEE FLORIDA

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:

JUAN O. ALFONSO, 131 BAY COLONY DRIVE, FORT LAUDERDALE, FLORIDA 33308

CARLOS BEHAR, 70 BAY COLONY DRIVE, FORT LAUDERDALE, FLORIDA 33308

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: MEDICAL SPA

Juan O. Alfonso
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.)

JUAN O. ALFONSO
Typed or printed name of signer

**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:

RADIANCE MEDSPA OF WESTON, FLORIDA, PLLC

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

JUAN O. ALFONSO

(Name)

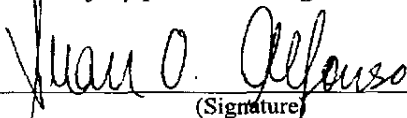
131 BAY COLONY DRIVE

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FORT L AUDERDALE, FL 33308

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, Florida Statutes.


(Signature)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****RADIANCE MEDSPA OF WESTON, FLORIDA, PLLC*****

a domestic professional limited liability company organized under the laws of the State of Arizona, did organize on the 14th day of March 2005.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 13th Day of May, 2005, A. D.



EXECUTIVE SECRETARY

BY:

[Signature]