Florida Department of State

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From: Account Name : DRIVER, MCAFEE & GRIGGS, P.L. Account Number : T20020000137 Phone : (904)301-1269 Fax Number : (904)301-1279 FLORIDA/FOREIGN LIMITED LIABILITY CO.

Radiance MedSpa of Marsh Landing, P.L.L.C.

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1/3/2006



January 5, 2006

FLORIDA DEPARTMENT OF STATE

RADIANCE MEDSPA OF MARSE LANDING, P.L.L.C. 1300 MARSE LANDING PARKWAY, SUITE 104
JACKSONVILLE BEACH, FL 32250

SUBJECT: RADIANCE MEDSPA OF MARSH LANDING, P.L.L.C.

REF: W06000000469

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Diane Cushing Document Specialist FAX Aud. #: H06000001185 Letter Number: 806A00000711

SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: RADIANCE MEDSPA OF MA			
(Name of Lir	nited Liability Company)		
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida	submitted to register the above referenced		
Please return all correspondence concerning this i	matter to the following:		
Gwen Hutcheson Griggs	· · · · · · · · · · · · · · · · · · ·		
(N	ame of Person)		
Driver, McAfee & Griggs, F		<u> </u>	-
(Fi	rm/Company)		
One Independent Drive			
	(Address)		
Jacksonville, FL 32202		=	
(City/St	tate and Zip Code)	SEC 200	
For further information concerning this matter, please call:		2006 JAN - SECRETAR	
Gwen Hutcheson Griggs	_{at (_} 904 _{_)} 301-1269	-5 , SSEE,	'n
(Name of Person)	(Area Code & Daytime Telephone)	Number) Significant	J
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations	> 10	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Boxed{15.00} \text{Filing Fee} \Boxed{15.130.00} \text{Filing Fee} & Centificate of	□\$155.80 Filing Fee & □\$160.00 Filing Status Certified Copy of Sta	; Fee, Certificat atus & Certified	

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

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

I. RADIANCE MEDSPA OF MARSH LANDING, P.L.L.C.	
(Name of Foreign Limited Liability Company)	
2. Arizona 3. 20-4006396 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. December 7, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. January 1, 2005 (Date first transacted business in Florida, if prior to registration.) (Second law 602 501 2 602 502 F State Prior to registration.)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1300 Marsh Landing Parkway, Suite 104	. •
Jacksonville Beach, FL 32250 (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:	.•
Yvonne Gonzalez	
1300 Marsh Landing Parkway, Suite 104	
Jacksonville Beach, FL 32250 ₹	
11. Nature of business or purposes to be conducted or promoted in Florida: Rendering professional	الد
medical and medically-related services.	
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.) Gwen Hutcheson Griggs Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

	NED LIMITED LIABILITY C IATE A REGISTERED OFFIC				
1. The name	e of the Limited Liability Com	pany is:			
RADIAN	ICE MEDSPA OF MA	ARSH LAN	DING, P.L.L.	C.	
2. The name	e and the Florida street address	of the registered	d agent and office a	re:	
	Intrepid Registered		ces, LLC		
		(Name)			
	One Independent				
	Florida Street Ad	dress (P.O. Box No	OT ACCEPTABLE)		
	Jacksonville	FL City/State/Zip	32202		
		City/State/Zip	•		
liability comp agent and ag relating to th	named as registered agent and pany at the place designated in tree to act in this capacity. I fur e proper and complete performs f my position as registered agent	this certificate, I i ther agree to com ance of my duties	hereby accept the apopular with the provision, and I am familiar	oppointment as registere ions of all statutes with and accept the orida Statutes. 188 OFFI OFFI OFFI OFFI OFFI OFFI OFFI OF	ed T
	(Signature) <i>さ</i> る		. •	-5 A 10: 02 RY OF STATE SSEE, FLORIDA	
	\$ 100.00			·	
	\$ 25.00	Designation (of Registered Agen	i t	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNell, Executive Director of the Arizona Corporation Commission, do hereby certify that

***RADIANCE MEDSPA OF MARSH LANDING, P.L.L.C. ***

a domestic professional limited liability company organized under the laws of the State of Arizona, did organize on the 16th day of December 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 fallure 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 filled Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as 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 Arlzona Corporation Commission. Done at Phoenix, the Capital, this 3rd Day of January, 2006, A. D.

Executive Director

Order Number:

40985





