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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
ALHAMBRA PLASTIC SURGERY, LLC

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H16000127362

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALHAMBRA PLASTIC SURGERY, LLC
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:

Antonio Alonso, Esq.
Name of Person

Antonio Alonso, PLLC.
Firm/Company

12741 SW 42nd St., # 181
Address

Miami, FL 33175-3423
City/State and Zip Code

alonsoa@aapalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Alonso, Esq. at (305) 606-0399
Name of Contact Person — Area Code — Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

May 24, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ALHAMBRA PLASTIC SURGERY, LLC
REF: W16000037826

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.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please remove the "Certificate of Formation" page from the document. It is not required as part of the qualification.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: H16000127362
Letter Number: 616A00010922

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16 MAY 23 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 – Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ALHAMBRA PLASTIC SURGERY, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

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

3. 81-2647673
(FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 564 SW 42 Avenue, Third Floor
Miami, Florida 33134
(Street Address of Principal Office)

6. 564 SW 42 Avenue, Third Floor
Miami, Florida 33134
(Mailing Address)

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Antonio Alonso, PLLC.

Office Address: 12741 SW 42nd St., # 181

Miami, Florida 33175-3423
(City) (Zip code)

Registered agent's acceptance:
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
LEJEUNE PLASTIC SURGERY, LLC, Manager
564 SW 42 Avenue, Third Floor
Miami, Florida 33134

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Antonio Alonso, Esq.
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALHAMBRA PLASTIC SURGERY, 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 TWENTY-THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALHAMBRA PLASTIC SURGERY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6043335 8300

SR# 20163570939

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202363674

Date: 05-23-16

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