**L25000034884**

# Florida Department of State
## Division of Corporations
### Electronic Filing Cover Sheet

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To:
     Division of Corporations
     Fax Number      : (850)617-6381

From:
     Account Name    : C T CORPORATION SYSTEM
     Account Number : FCA000000023
     Phone          : (614)280-3338
     Fax Number     : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Brad@skinpharm.com

Email Address: _____

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## FLORIDA LIMITED LIABILITY CO.

### Skin Pharm Tampa, PLLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Skin Pharm Tampa, PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 2907 W Bay to Bay Blvd. | 2907 W Bay to Bay Blvd. |
| Suite No.A300-B | Suite No.A300-B |
| Tampa, FL 33629 | FL 33629 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System
Name

1200 South Pine Island Road
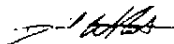Florida street address (P.O. Box **NOT** acceptable)

| Plantation | Florida | 33324 |
|---|---|---|
| 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 605, F.S..*

David Westcott Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV·
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**
"AMBR" = Authorized Member
"MGR" = Manager

**Name and Address:**

AMBR

Maegan B. Griffin
2416 21st Avenue S. Ste 201
Nashville, TN 37212

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____ . (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.
This professional limited liability company is formed for the specific purpose of providing cosmetic dermatology services.
_____
_____

**REQUIRED SIGNATURE:**

*Maegan Griffin*

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

Maegan B. Griffin
Typed or printed name of signee

**Filing Fees:**
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$  5.00 Certificate of Status (Optional)