Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

SIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Laparoscopic Weight Loss Surgery Centers, LLC

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03
\$155.00

FRUM-BUSINESS FILLINGS INC 608

ARTICLES OF ORGANIZATION OF Laparoscopic Weight Loss Surgery Centers, LLC

ARTICLE 1

NAME

The name of the limited liability company shall be: Laparoscopic Weight Loss Surgery Centers, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 20064 Gulf Blvd. #2, Indian Shores, Florida 33785.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRES

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Ellion Buchman, 20064 Gulf Blvd. #2, Indian Shores, Florida 33785

Richard Oster, Vice President Business Filings Incorporated Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717 (608) 827-5300

FAX AUDIT#

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Laparoscopic Weight Loss Surgery Centers, LLC

The name and address of the registered agent and office is Business Filings incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature:

Richard Oster, Vice President Business Filings Incorporated Date: June 26, 2002

FAX AUDIT # 10 2000 1577343