

LOG000080464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

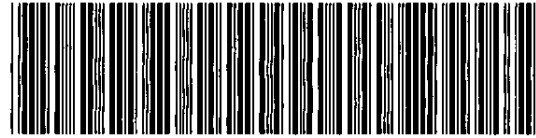
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RECEIVED
08 AUG 21 PM 1:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 22 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 694960 81282A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : August 21, 2008

ORDER TIME : 12:15 PM

ORDER NO. : 694960-005

CUSTOMER NO: 81282A

RESUBMIT
Please give original submission date as file date.
FILED
08 AUG 21 PM 2:25
TALLAHASSEE
FLORIDA

DOMESTIC FILING

NAME: M.D. WEIGHT LOSS CENTERS, A
FLORIDA LIMITED LIABILITY
COMPANY

LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

KIMBERLY MORET
CSC
TALLAHASSEE, FL

SUBJECT: M.D. WEIGHT LOSS CENTERS, A FLORIDA LIMITED LIABILITY
COMPANY
Ref. Number: W08000039227

We have received your document for M.D. WEIGHT LOSS CENTERS, A
FLORIDA LIMITED LIABILITY COMPANY and the authorization to debit your
account in the amount of \$125.00. However, the document has not been filed
and is being returned for the following:

"A Florida Limited Liability Company" seems to us to be an explanatory phrase
that is not really part of the name. The name itself must end in an LLC suffix such
as "LLC" or "L.L.C." or just the words "LIMITED LIABILITY COMPANY."

Please correct.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 108A00046995

RECEIVED

08 AUG 22 AM 10:44

RESUBMIT

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08 AUG 21 PM 3:25
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

M.D. WEIGHT LOSS CENTERS, LLC

ARTICLE II - Address:

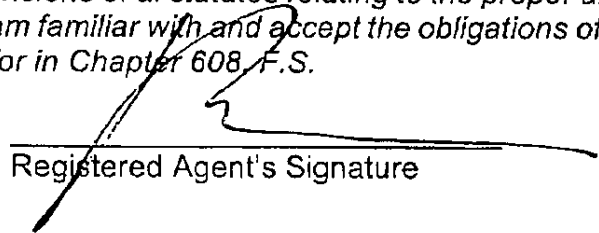
124 Clear Lake Drive
Englewood, FL 34223

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert A. Dickinson
460 South Indiana Avenue
Englewood, FL 34223

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, F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(2) or Managing Member(s):


Title:

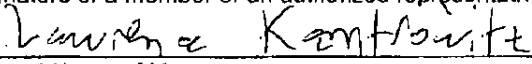
"Manager": = "MGR

"MGR" Lawrence Kantrowitz, M.D.,
 124 Clear Lake Drive
 Englewood, FL 34223

ARTICLE V - Effective Date

The effective date of this Limited Liability Company is the filing date with the Secretary of State in the State of Florida.



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


Printed Name of Manager:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Dickinson
Typed or printed name of signee