## Florida Department of State

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### FLORIDA LIMITED LIABILITY CO. SAN ANTONIO WEIGHTLOSS, LLC

Certificate of Status	0
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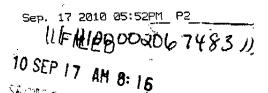
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# ARTICLES OF ORGANIZATION FALLAHASSEE, FLORIGORY OF SAN ANTONIO WEIGHTLOSS, LLC

#### ARTICLE I - NAME

The name of the limited liability company is SAN ANTONIO WEIGHTLOSS, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

412 E MADISON ST STE 1100

412 E MADISON ST STE 1100

TAMPA FL 33602

**TAMPA FL 33602** 

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Steven P. Riley 4805 West Laurel Street, Suite 230 Tampa, Florida 33607

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.

Steven P. Riley

FROM : THE\_STRATEGIC\_COUNSEL

FAX NO. :8132863600

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507. FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SAN ANTONIO WEIGHTLOSS, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the Limited Liability Company is SAN ANTONIO WEIGHTLOSS, LLC.
- The name and the Florida street address of the registered agent and office are:
   Steven P. Riley

4805 West Laurel Street, Suite 230, Tampa, Florida 33607 (Post office box is NOT acceptable.)

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, Florida Statutes.

Steven P. Riley

Registered Asympt

Registered Agent

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MG MGMR" = Managing

" MR" =Member

MGR

WEIGHTLOSS HOLDING, LLC

412 E MADISON ST STE 1100

**TAMPA FL 33602** 

REQUIRED SIGNATURE:

(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.)

Thomas Willett

Typed or printed name of signoc

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FILED