

L18000073870

Division of Corporations

Page 1 of 4

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FLORIDA LIMITED LIABILITY CO.  
MD WEIGHT LOSS AND WELLNESS, LLC

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Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
OF  
MD WEIGHT LOSS AND WELLNESS, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
Name**

The name of the Limited Liability Company is MD WEIGHT LOSS AND WELLNESS, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 17222 Hospital Blvd., Suite 302, Brooksville, FL 34601.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Ihab Herraka and the address of the Company's registered office is 17222 Hospital Blvd., Suite 302, Brooksville, FL 34601.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the name and address of the initial manager is:

Ihab Herraka  
17222 Hospital Blvd., Suite 302  
Brooksville, FL 34601

Fax Audit No. H18000093891 3

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**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization of MD WEIGHT LOSS AND WELLNESS, LLC this 23<sup>rd</sup> day of March, 2018.



\_\_\_\_\_  
Hab Herraka  
Authorized Representative

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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.

1. The name of the limited liability company is: **MD WEIGHT LOSS AND WELLNESS, LLC**
2. The name and address of the registered agent and office is: Ihab Herraka, 17222 Hospital Blvd., Suite 302, Brooksville, FL 34601.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

  
\_\_\_\_\_  
Ihab Herraka

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