

M/600000006039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

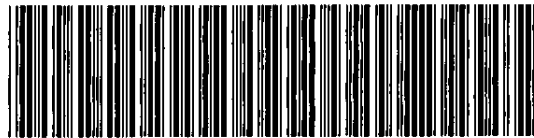
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 27 AM 8:00

RECEIVED  
DEPARTMENT OF  
16 JUL 27 PM 4:18

JUL 29 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2016

CORPORATION SERVICE COMPANY

SUBJECT: QUICK WEIGHT LOSS CENTERS, LLC  
Ref. Number: W16000052398

**RESUBMIT**  
Please give original  
submission date as file date.  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 27 AM 9:00

We have received your document for QUICK WEIGHT LOSS CENTERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 816A00015808

RECEIVED  
DEPARTMENT OF STATE  
16 JUL 28 PM 1:50  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 232080 4338256  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$125.00

ORDER DATE : July 27, 2016  
ORDER TIME : 3:38 PM  
ORDER NO. : 232080-010  
CUSTOMER NO: 4338256

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 27 AM 8:09

FOREIGN FILINGS

NAME: QUICK WEIGHT LOSS CENTERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Quick Weight Loss Centers, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Lynda s. Allen  
\_\_\_\_\_  
Name of Person  
  
Quick Weight Loss Centers, LLC  
\_\_\_\_\_  
Firm/Company  
  
3161 West McNab Road  
\_\_\_\_\_  
Address  
  
Pomano Beach, FL 33069  
\_\_\_\_\_  
City/State and Zip Code  
  
lynn.allen@quickweightloss.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 27 AM 8:00

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:


1. Quick Weight Loss Centers, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Quick Weight Loss Centers of Florida, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3340027 (FEI number, if applicable)
4. Upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3161 West McNab Road, Pomano Beach, FL 33069  
(Street Address of Principal Office)
6. 3161 West McNab Road, Pomano Beach, FL 33069  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**  
*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

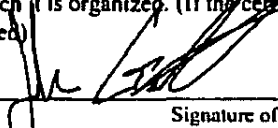
By:   
Tina Qualls (Registered agent's signature) Asst. Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James Coady - President - 330 Madison Avenue, 27th Floor, New York, NY 10017

Joshua Garrett - Vice President and Secretary - 330 Madison Avenue, 27th Floor, New York, NY 10017

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

  
Signature of an authorized person

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.

Joshua Garrett  
Typed or printed name of signee

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUN 27 AM 8:00

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUICK WEIGHT LOSS CENTERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUICK WEIGHT LOSS CENTERS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 27 AM 8:00



  
Jeffrey W. Bullock, Secretary of State

6095717 8300

SR# 20165104148

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202730863

Date: 07-27-16