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Florida Department of State
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Division of Corporations
Fax Number : (850) 205-0383

Client:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

SLIM DOWN SOLUTION, LLC

Certificate of Status	0
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01 AUG 13 PM 3:14
TALLAHASSEE, FLORIDA

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01 AUG 13 PM 1:33
TALLAHASSEE, FLORIDA

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SLIM DOWN SOLUTION, LLC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

SLIM DOWN SOLUTION, LLC.

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ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTANTS.
5787 WEST SUNRISE BLVD.
PLANTATION, FL 33313
(954) 583-2205

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS
2060 NW BOCA RATON BLVD, STE 6
BOCA RATON, FL 33431-7414

PALM BEACH COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF
PROCESS. OTHHEL TURNER ADDRESS: 5787 W SUNRISE BLVD, PLANTATION
FL 33313

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID
OFFICE OPEN.

BY:



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ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

RONALD ALARCON

19269 NATURES VIEW COURT

BOCA RATON, FL 33498

MANAGER'S SIGNATURES


(SIGNATURE)

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STATE OF FLORIDA)
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DUTY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED RONALD ALARCON APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 13TH DAY OF August, 2001


(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



Elizabeth C. Foon
MY COMMISSION # CC892406 EXPIRES
December 3, 2003
BONDED THROUGH TROY PAID INSURANCE, INC.