

CC&S
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

LD1000020758

CONTACT: CINDY HICKS

200004701862--5
-12/03/01--01033--028
***125.00 ***125.00

DATE: 12-3-01

REF. #: 0472. 3538

CORP. NAME: PEDIATRIC WEIGHT MANAGEMENT
GROUP, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
01 DEC -3 AM 11:15
01 DEC -3 PM 1:49
APPROVED
AND
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

JB
12-3-01

ARTICLES OF ORGANIZATION

FOR

PEDIATRIC WEIGHT MANAGEMENT GROUP, LLC

A Florida Limited Liability Company

ARTICLE I – Name

The name of the Limited Liability Company is:

Pediatric Weight Management Group, LLC

ARTICLE II – Address

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

2042 Quail Roost Drive
Weston, FL 33329

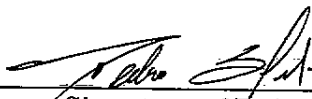
ARTICLE III - Management

The Limited Liability Company is a manager-managed company.

ARTICLE V – Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial registered office is:

Pedro Somarriba
2042 Quail Roost Drive
Weston, FL 33329



Signature of Pedro Somarriba, Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

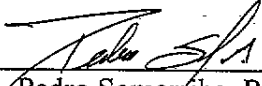
Pediatric Weight Management Group, LLC

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

Pedro Somarriba
2042 Quail Roost Drive
Weston, FL 33329

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.

By: _____


Pedro Somarriba, Registered Agent

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