

L03000044859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

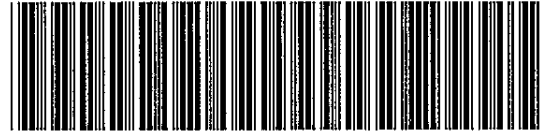
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700023251847

nk

RECEIVED
03 NOV 17 AM 10:44
DIVISION OF CORPORATION

FILED
03 NOV 17 PM 1:32
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 323958 7137273
AUTHORIZATION : *Patricia Pizute*
COST LIMIT : \$ 125.00

FILED
NOV 17 PM 1:32
TALLAHASSEE, FLORIDA

ORDER DATE : November 17, 2003
ORDER TIME : 9:53 AM
ORDER NO. : 323958-005
CUSTOMER NO: 7137273
CUSTOMER: Eric M. Sauerberg, Esq
Eric M. Sauerberg, P.a.
Suite 102
200 Village Square Crossing
Palm Bch Garden, FL 33410

FILED
NOV 17 PM 1:32
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: SURGICAL WEIGHT LOSS CENTERS
OF FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
SURGICAL WEIGHT LOSS CENTERS OF FLORIDA, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is Surgical Weight Loss Centers of Florida, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address of the limited liability company is P.O. Box 1339, Okeechobee, Florida 34973-1339 and the street address of the principal place of business of this limited liability company is 1757 US Highway 27 South, Sebring, Florida 33870. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is Eric M. Sauerberg, 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410.

ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

FILED
03 NOV 17 PM 1:32
TALLAHASSEE, FLORIDA


**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That Surgical Weight Loss Centers of Florida, LLC, a Florida limited liability company, with its registered office at 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410, has named Eric M. Sauerberg at such address as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 
Eric M. Sauerberg,
Registered Agent

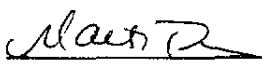
STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 12th day of November, 2003, by Eric M. Sauerberg, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification.

Executed this 12th day of November, 2003.



Marti Pearson
MY COMMISSION # DD184378 EXPIRES
February 17, 2007
BONDED THRU TROY FAIN INSURANCE, INC.


Signature of Notary
Printed Name:
My Commission Expires:
My Commission Number: