

L04000037833

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000108023 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

2004 MAY 18 P 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LIMITED LIABILITY COMPANY

Advanced Metabolic Systems of Florida, LLC

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$130.00

Name Availability	DCC
Document Examiner	DCC
Updater	DCC
Under Verifier	DCC
Notarization	DCC
SP Filer	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Advanced Metabolic Systems of Florida, LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

6400 Congress Avenue, Suite 1400

6400 Congress Avenue, Suite 1400

Boca Raton, FL 33487

Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Paul Mahowald

Name

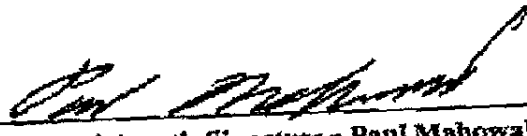
6400 Congress Avenue, Suite 1400

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33487

(City / State / Zip)

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, F.S.


Registered Agent's Signature - Paul Mahowald

FILED
 2009 MAY 18 P 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:**MGRM****Paul Mahowald - 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487****MGRM****Nathan E. Nachlos - 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487****MGRM****Timothy Valk - 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487****MGRM****Marc Schlosser - 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487****MGRM****Jeff Valk - 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487**

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Mahowald

Typed or printed name of signee

 SECRET
 MAY 10 2001
 TALLAHASSEE, FL

 MAY 10 2001
 P

 MAY 10 2001
 P