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To: 850-205-0381

Division of Corporations

Page 1 of 1

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Florida Department of State
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To:

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

From:

Account Name : THE FLORIDA COMPANY
Account Number : I20060000001
Phone : (608) 827-5300
Fax Number : (608) 824-0405

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medi Weightloss Trinity, LLC

Certificate of Status	0
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FAX AUDIT # H07000180148 3

**ARTICLES OF ORGANIZATION
OF
Medi Weightloss Trinity, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Medi Weightloss Trinity, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 768 Seminole Blvd, Tarpon Springs, Florida 34689.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Evelyn Kikta, 768 Seminole Blvd, Tarpon Springs, Florida 34689



The Florida Incorporating Company, Organizer
Terese Coulthard, Asst. Sec.
Authorized Representative

Prepared by Terese Coulthard, The Florida Incorporating Company, 8025 Excelsior Dr.,
Suite 200, Madison, WI 53717 (608) 827-5300

FAX AUDIT # H07000180148 3

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Medi Weightloss Trinity, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in
the County of Leon.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

T. Coulthard
Terese Coulthard, Asst. Sec

Date: July 13, 2007

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