

L07000103960

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

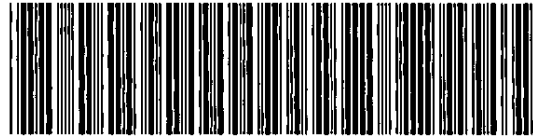
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DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Medi-Weightloss Clinics of  
Orlando, LLC*

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TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3' File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

*WC* *10/12* *11:00*

**ARTICLES OF ORGANIZATION  
OF  
MEDI-WEIGHTLOSS CLINICS OF ORLANDO, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is MEDI-WEIGHTLOSS CLINICS OF ORLANDO, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

2300 North Scenic Highway  
Lake Wales, Florida 33898

Mailing Address:

P.O. Box 832  
Lake Wales, Florida 33859

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Richard E. Straughn, Esq.  
255 Magnolia Avenue  
Winter Haven, Florida 33883

*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..*



Richard E. Straughn, Esq.

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:


MGR

Karen B. Evans, M.D.  
P.O. Box 832  
Lake Wales, Florida 33859

MGR

Tara J. Shortly  
P.O. Box 832  
Lake Wales, Florida 33859

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an 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.)

Karen B. Evans, M.D.

\_\_\_\_\_  
Typed or printed name of signee