L07000104882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
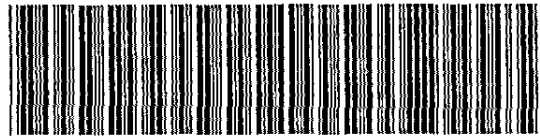
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
07 OCT 16 PM 12:42

07 OCT 16 PM 1:56

ACCOUNT NO. :   072100000032

REFERENCE :   274513   81282A

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE :   October 16, 2007

ORDER TIME :   11:50 AM

ORDER NO.   :   274513-005

CUSTOMER NO: 81282A

DOMESTIC FILING

NAME: ENGLEWOOD WEIGHT & WELLNESS
          CENTER, LIMITED LIABILITY
          COMPANY

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Englewood Weight & Wellness Center,   Limited Liability Company

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1861 Placida Road, Ste. 102

Englewood, FL 34223

Mailing Address:

1861 Placida Road, Ste. 102

Englewood, FL 34223

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert A. Dickinson
Name

460 S. Indiana Ave.
Florida street address (P.O. Box **NOT** acceptable)

Englewood   FL   34223
City, State, and 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 (REQUIRED)

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   Lawrence Kantrowitz, M.D.,
1861 Placida Road, Ste. 102
Englewood, FL. 34223

MGR   Ana Kantrowitz
1861 Placida Road, Ste. 102
Englewood, FL. 34223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lawrence Kantrowitz
_____
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation
        of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)