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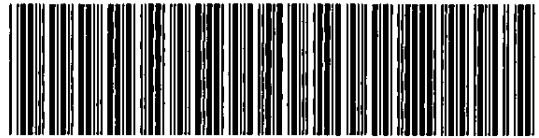
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**A. LUNT**

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palm Beach Medical Weight Loss, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Doreen Bonadies Halickman, Esq.**

(Name of Person)

**The Law Firm of Doreen B. Halickman, PL**

(Firm/Company)

**4600 Military Trail, Suite 217**

(Address)

**Jupiter, FL 33458**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Doreen Bonadies Halickman, Esq.** at **561** **932-1988**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach Medical Weight Loss, LLC

(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:

3401 PGA Boulevard  
Palm Beach Gardens, FL 33410

#### Mailing Address:

102 Olivera Way  
Palm Beach Gardens, FL 33418

### 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:

Doreen Bonadies Halickman, Esq.

Name

4600 Military Trail, Suite 217


Florida street address (P.O. Box **NOT** acceptable)

Jupiter, FL 33458

FL

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)

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(CONTINUED)

**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

Debra P. Hauser, Ph.D.

396 Livingston Street

New Haven, CT 06511

MGRM

Jack Hauser, MD

396 Livingston Street

New Haven, CT 06511

MGRM

Jack F. Halickman

102 Olivera Way

Palm Beach Gardens, FL 33418

MGRM

Carmen Balzano

113 Playa Riente

Palm Beach Gardens, FL 33418

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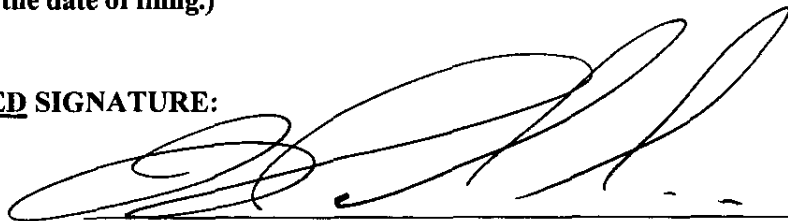
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 14, 2008. (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.)

Jack F. Halickman

Typed or printed name of signer

**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)**

**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

Todd M. Stanwood  
4 Isillsley Hill Road  
West Newbury, MA 01985

MGRM

Louis P. DeCaprio  
4 Isillsley Hill Road  
West Newbury, MA 01985

MGRM

Scott L. Stanwood  
4 Isillsley Hill Road  
West Newbury, MA 01985


MGRM

Frank Green  
4 Isillsley Hill Road  
West Newbury, MA 01985

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 14, 2008. (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.)

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Jack F. Halickman

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)

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