

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : FALLACE & LARKIN, L.C.  
Account Number : I20000000191  
Phone : (321) 951-9900  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Pinsky Medical Weight Loss Clinic, LLC

Certificate of Status	1
Certified Copy	1
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EXAMINER

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **Pinsky Medical Weight Loss Clinic, LLC.**

**ARTICLE II - ADDRESS**

Principal Office Address

Mailing Address

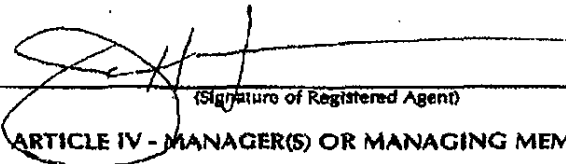
8045 Spyglass Hill Rd., Ste. 104  
Melbourne, FL 32940

8045 Spyglass Hill Rd., Ste. 104  
Melbourne, FL 32940

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

James H. Fallace  
1900 S. Hickory St., Ste. A  
Melbourne, FL 32901

*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, Florida Statutes.*

  
(Signature of Registered Agent)

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)**

Title

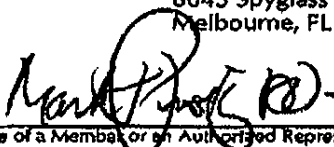
Name and Address

"MGR" = Manager

"MGRM" = Managing Member

MGR

Mark Pinsky, D.O.  
8045 Spyglass Hill Rd., Ste. 104  
Melbourne, FL 32940

  
(Signature of a Member or an Authorized Representative of 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)

MARK F PINSKY DO  
(Typed or Printed Name of Signee)

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