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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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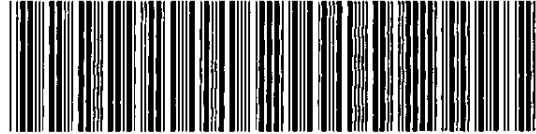
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 AUG 19 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 20 2009

EXAMINER



**DAVID GERALD  
CONSTRUCTION**

*Building Satisfaction Through Performance*  
FL License #CGC059157

August 17, 2009

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

Re: Articles of Incorporation (x3)

To Whom It May Concern:

Please find enclosed the following documents:

- (1) Articles of Incorporation for Better Health of Tampa Bay, L.L.C. together with a check in the amount of \$125.00.
- (2) Articles of Incorporation for Better Aging Management of Tampa Bay, L.L.C. together with a check in the amount of \$125.00.
- (3) Articles of Incorporation for Better Weight Management of Tampa Bay, L.L.C. together with a check in the amount of \$125.00.

Better Health of Tampa Bay's registered agent should be David Gerald. Better Health of Tampa Bay owns Better Aging of Tampa Bay and Better Weight Management of Tampa Bay and is their respective registered agent in care of David Gerald.

If you require further information from me, please feel free to give me a call.

Sincerely,

David J. Gerald, President

DG:tle  
Enclosures

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TALLAHASSEE, FL 32314

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Better Weight Management of Tampa Bay**  
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:

**Tabitha Eisenbeis**

Name of Person

**David Gerald Construction Company, Inc.**

Firm/Company

**13309 Winding Oak Court, Suite A**

Address

**Tampa, FL 33612**

City/State and Zip Code

**tabitha@davidgeraldconstruction.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tabitha Eisenbeis**

Name of Person

at ( **813** ) **886-2935**

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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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Better Weight Management of Tampa Bay, L.L.C.

(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:

13309 Winding Oak Court  
Suite B  
Tampa, FL 33612

#### Mailing Address:

13309 Winding Oak Court  
Suite B  
Tampa, FL 33612

### 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:

Better Health of Tampa Bay, L.L.C.

Name

13309 Winding Oak Court, Suite B

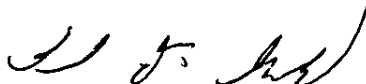
Florida street address (P.O. Box NOT acceptable)

Tampa, 33612

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)

(CONTINUED)

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**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:**

MGR

David J. Gerald

(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.)

David J. Gerald

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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