

L10VVUU 21468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

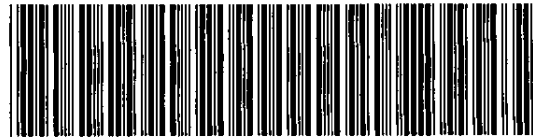
(Document Number)

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

Special Instructions to Filing Officer:

CORPATEL

Office Use Only



500167299695

03/02/10--01001--012 \*\*1362.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 25 PM 3:03

B. KOHR

MAR - 1 2010

EXAMINER

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

10 FEB 25 2003  
FILED  
STATE OF FLORIDA  
TALLAHASSEE

NAME OF ENTITY	
	FOR OFFICE USE ONLY

## PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

## FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 25 PM 3:09

**ARTICLES OF ORGANIZATION FOR  
TRINITY WEIGHT LOSS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **TRINITY WEIGHT LOSS, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **509 S. Hyde Park Avenue, Tampa, Florida 33606**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

**JOHN KALOUST**  
**3818 Spruce Pine Drive**  
**Valrico, Florida 33596**

**DEREK KALOUST**  
**3206 W. Obispo Street**  
**Tampa, Florida 33629**

**MARY ANN LEVINE**  
**19911 Reading Road**  
**Lutz, Florida 33558**

**RALPH MAULORICO**  
**327 Tall Oak Trail**  
**Tarpon Springs, Florida 34688**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement**

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Members, by: John Kaloust, Derek Kaloust, Mary Ann Levine and Ralph Maulorico  
Dated this 18<sup>th</sup> day of February, 2010.

  
JOHN KALOUST  
Managing Member

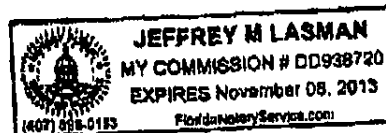
  
DEREK KALOUST  
Managing Member

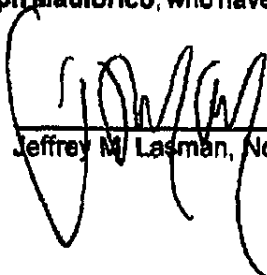
  
MARY ANN LEVINE  
Managing Member

  
RALPH MAULORICO  
Managing Member

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of February, 2010, by John Kaloust, Derek Kaloust, Mary Ann Levine and Ralph Maulorico, who have each produced a Florida Driver's License as identification.



  
Jeffrey M. Lasman, Notary Public

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **TRINITY WEIGHT LOSS, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
LASMAN LAW FIRM, P.A.  
6152 Delancey Station Street, Suite 205  
Riverview, Florida 33578**

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.



\_\_\_\_\_  
Jeffrey M. Lasman

February 18, 2010  
(Date)