

12/28/2010 8:15 FAX (813) 221-2900

HILL, WARD & HENDERSON

001/002

Page 1 of 1

Division of Corporations

L10000131856

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000277162 3)))



H100002771623ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

11126-001

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marcia@arthurbenjamin.com

RECEIVED

10 DEC 28 AM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Weightloss Associates, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$160.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 28 AM 8:41

FILED

Electronic Filing Menu

Corporate Filing Menu

HCP J. BRYAN

DEC 29 2010

EXAMINER

(((H10000277162 3)))

**ARTICLES OF ORGANIZATION
OF
WEIGHTLOSS ASSOCIATES, LLC**

The undersigned executes these Articles of Organization of Weightloss Associates, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: Weightloss Associates, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 6711 Royal Orchid Circle, Delray Beach, Florida 33446.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 2731 Executive Park Dr., Suite 4, Weston, Florida 33331, and the name of the limited liability company's initial registered agent at that address is NRAI Services, Inc.

Having been named 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.




Michele Holden - Assistant Secretary
NRAI Services, Inc.

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed limited liability company.

EXECUTED: December 28, 2010


David S. Felman
Authorized Representative of Members

1990582v1

(((H10000277162 3)))

FILED
10 DEC 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA