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(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:
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Office Use Only



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Effective Date 12-31-10

12/30/10--01035--011 **180.00

2010 DEC 30 AN 8: 16

J. SAULSBERRY EXAMINER JAN 8 2011

COVER LETTER

TO: Registration Section Division of Corporations		÷	
SUBJECT: Worldwide Bariatri	c Products, LLC		
(Name	of Resulting Florida Limited Company)		
The enclosed Certificate of Conversion, "Other Business Entity" into a "Florida	Articles of Organization, and fees are submi Limited Liability Company" in accordance v	tted to conver vith s. 608.439	t an), F.S.
Please return all correspondence concern	ning this matter to:		
Candy McDonah			
(Contact Person)			
Swart Baumruk & Company LLP			
(Firm/Company)		4 4	.,
1101 Miranda Lane	•		ž
(Address)			7
Kissimmee, FL 34741			<u>)</u>
(City, State and Zip Coo	le)		
taxes@sbc-cpa.com			
E-mail address: (to be used for future annual rep	port notifications)		
For further information concerning this	matter, please call:	9	i
Candy McDonah	at (407) 847-7466		
(Name of Contact Person)	(Area Code and Daytime Telephone Num	iber)	
Enclosed is a check for the following ar	nount:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155,00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	,	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with

s.608.439, Florida Statutes.

currently organized, formed or incorporated.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certification 1.			
Conversion is: Worldwide Bariatric Products, Inc.	4		
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>corporation</u> .	150 y 17 150 y 17	2019	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	And So	DEC 30	4
first organized, formed or incorporated under the laws of Florida	ਜੀਵ- –ਈਵ-		
(Enter state, or if a non-U.S. entity, the name of the country) on 05/29/2007	F1357	器 8:	# # # ## #** !**
(Enter date "Other Business Entity" was first organized, formed or incorp	্ৰাণ orated)	9	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country unwhich it is now organized, formed or incorporated: Florida	der the l	aws o	ſ
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	les of		
Worldwide Bariatric Products, LLC			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: 12/31/2010 (The effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; AND 2) must be the same as the effective of			the
attached Articles of Organization, if an effective date is listed therein.)			
6. The conversion is permitted by the applicable law(s) governing the other business entition conversion complies with such law(s) and the requirements of s.608.439, F.S., in effection			ion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

Signed this 29th day of December	20 <u></u>		
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	presentative of Limited Liability Company ated in this document are true. Any false inted for in s.817.155, F,S,	<u>/:</u> formation	
Signature of Member or Authorized Representation Name: Susan N. Leach	rentative:Title:	_	
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	Intity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as pro- nature(s).]	ie facts stated vided for in	ŀi
Signature: Subarviv. Leach	Title: President		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:	ALL ARAS	,
	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.	ctor, or Officer. d, an Incorporator must sign.		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:		
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:		
All others: Signature of an authorized person.		,	
Fees:			
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	Ility Company is:	
Worldwide Bariatric P	roducts, LLC	
(Must end with the words "Limited Liab	ility Company, the abbreviation "L.L.C.," or the designation "LI.C.")	
ARTICLE II - Address:	•	
The mailing address and street	address of the principal office of the Limited Liability Company is	3:
Principal Office Address:	Mailing Address:	
3561 SW 10th Street	3561 SW 10th Street	
Pompano Beach, FL 33	Pompano Beach, FL 33069	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida of	gent, Registered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual or another segistration.)	201 0 DEC
The name and the Florida street	et address of the registered agent are:	30
S	wart Baumruk & Company LLP	À !
	Name	ထ္
	I101 Miranda Lane	9
Flor	ida street address (P.O. Box NOT acceptable)	

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..

Kissimmee FL 34741
City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	
MGRM	Susan N. Leach
	3561 SW 10th Street
	Pompano Beach, FL 33069
MGRM	Tyra Leach
	3561 SW 10th Street
	Pompano Beach, FL 33069
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	The second secon
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	2 2 2
	
(Use attachment if necessar	
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CLE V: Effective date, if o	y)
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