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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

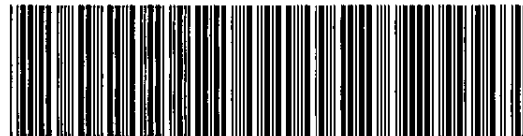
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TALLAHASSEE, FLORIDA

D. BRUCE

AUG 19 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2011

FOUNTAIN SCHULTZ & ASSOCIATES ATTORNEYS AT LAW
2045 FOUNTAIN PROFESSIONAL CT, STE A
NAVARRE, FL 32566

SUBJECT: DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C.
Ref. Number: W11000042803

We have received your document for DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C. and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00019216

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TALLAHASSEE, FLORIDA



**FOUNTAIN
SCHULTZ
& ASSOCIATES**

Attorneys at Law

**KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD**

August 12, 2011

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Doctor's Diet Program of Florida, P.L.L.C.

Dear Sir or Madam:

Enclosed please find the following instruments:

1. Original and one copy of the Articles of Organization of Doctor's Diet Program of Florida, P.L.L.C., and
2. Check # 2402 in the amount of \$138.75 for filing the Articles of Organization.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.


Kerry Anne Schultz

KAS: mae
Enclosures

2045 FOUNTAIN PROFESSIONAL CT.

SUITE A

NAYARRE, FLORIDA 32566

TEL: (850) 939-3535

FAX: (850) 939-3539

SANTA ROSA BEACH

TEL: (850) 622-2700

FAX: (850) 622-2722

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ARTICLES OF ORGANIZATION

OF

DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C." ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 6420 N. 9th Avenue, Pensacola, FL 32504, and the street address of the principal office of the Company shall be 6420 N. 9th Avenue, Pensacola, FL 32504.

ARTICLE III - DURATION AND PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The purpose of the company shall be to engage in Medical Weight Loss, other related services and any other lawful purpose in the State of Florida.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, Fountain, Schultz & Associates, P.L., 2045 Fountain Professional Court, Suite A, Navarre, Florida, 32566.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

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TALLAHASSEE, FLORIDA

the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.


ARTICLE VIII - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - AMENDMENT

These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

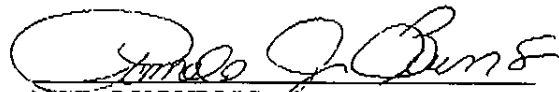

KERRY ANNE SCHULTZ, Organizer

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to and subscribed before me this 12 day of August, 2011, by Kerry Anne Schultz, who (X) is personally known to me or who () has produced _____, as identification and who did not take an oath.



PAMELA J. BURNS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD0933154
Expires 10/14/2013

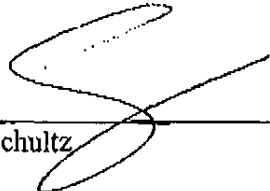

NOTARY PUBLIC
Commission No.: DD0933154
My Commission Expires: 10/14/13

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TALLAHASSEE, FLORIDA

**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

KERRY ANNE SCHULTZ, ESQUIRE, the designated resident agent of DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C., does hereby certify that her business address is 2045 Fountain Professional Court, Suite A, Navarre, Florida 32566, do hereby accept the designation and appointment as resident agent of DOCTOR'S DIET PROGRAM OF FLORIDA, P.L.L.C., a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this 12th day of August, 2011.




Kerry Anne Schultz

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this 12th day of August, 2011, by Kerry Anne Schultz who (X) is personally known to me or who () has produced a driver's license as identification and has taken an oath.



PAMELA J. BURNS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD0933154
Expires 10/14/2013



NOTARY PUBLIC
Commission No.: DD0933154
Commission Expires: 10/14/13

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TREASURY, FLORIDA