1 of 3

Page Lof I

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.

(((H12000211650 3)))



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) 617-6393

brom:

Account Name : ALDC BELTRANC, F.A. Account Number : 120010000166

Phone : 15611799-6577 Pax Number : 15611799-6241

**Enter the emoil address for this business entity to be used fo armeal report mailings. Eater only one email address please

FLORIDA LIMITED LIABILITY CO. AESTHETIC WEIGHT LOSS, LLC

Certificate of Status	0
Certified Copy	0 .
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

N. Culligan AU6 2 4 2012

4.

FILED
12 AUG 23 AM 80 21,
SECRETARY OF STATE
TALLAHASSEE, FLORIDA:

ARTICLES OF ORGANIZATION

AESTHETIC WEIGHT LOSS, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

- 1. Name. The name of the limited liability company is AESTHETIC WEIGHT LOSS. LLC.
- 2. <u>Purpose.</u> The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the State of Florida.
- 3. Address of Principal Office. The street address of the principal office of the limited liability company is:

4600 Military Trail, Suite 110 Jupiter, FL 33458

4. Mailing Address. The mailing address of the limited liability company is:

4600 Military Trail, Suite 110 Jupiter, FL 33458

- 5. <u>Management.</u> The limited liability company is to be managed by a manager, and is, therefore, a manager-managed company. This limited liability company shall be managed by Aldo Beltrano. The Members of the company are Lori J. Bedoya and Brittany B. Ducharme.
- 6. Registered Agent, Registered Office, and Registered Agents Signature. The name and the Florida street address of the registered agent is:

Aldo Beltrano, Esquire Law Offices of Aldo Beltrano, P.A. 601 Heritage Drive, Suite 138 Jupiter, FL 33458

Telephone: (561) 799-6577 Facsimile: (561) 799-6241 Email: acbeltrano@aol.com

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 provisional of all statutes relating to the proper and complete performance of my duties, and

Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Aldo Beltrano, Esquire

7. Effective Date. The effective date of the limited hability company shall be the date of filing unless otherwise stated below:

Aldo Beltrano, Esquire

Authorized Representative of the Members

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

12 AUG 23 AM 39 21
SLONETARY OF STATE

~ ..