

L14000195073

(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:

Office Use Only



600267059666

12/10/14--01008--004 \*\*130.00

EFFECTIVE DATE  
12/18/14

FILED  
14 DEC 10 PM 1:21  
REGISTRAR OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

DEC 24 2014

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DR. URSHAN *HEALTH AND WEIGHT LOSS CENTER LLC*

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

JONATHAN PAUL URSHAN  
3341 W. BEARSS AVE.  
TAMPA, FL 33618

For Further information concerning this matter, please call: JONATHAN PAUL URSHAN at 407-621-1658.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

EFFECTIVE DATE

12/8/14

ARTICLES OF ORGANIZATION

OF

DR. URSHAN *HEALTH AND WEIGHT LOSS CENTER LLC*

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: DR. URSHAN *HEALTH AND WEIGHT LOSS CENTER LLC*

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 3341 W. BEARSS AVE., TAMPA, FL 33618.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

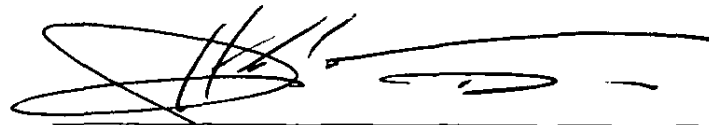
NAME

ADDRESS

JONATHAN PAUL URSHAN

3341 W. BEARSS AVE.  
TAMPA, FL 33618

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 605, F.S.

  
JONATHAN PAUL URSHAN

FILED  
14 DEC 10 PM 1:21  
TAMPA, FL 33618  
CLERK OF STATE

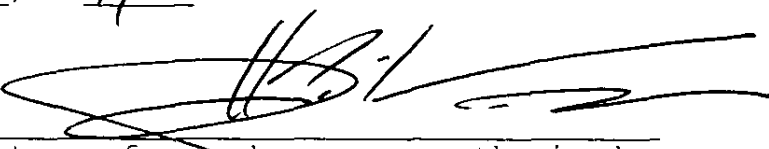
**ARTICLE IV - MANAGEMENT**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	JONATHAN PAUL URSHAN 3341 W. BEARSS AVE. TAMPA, FL 33618

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be DEC 8<sup>th</sup>, 2018.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JONATHAN PAUL URSHAN  
Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

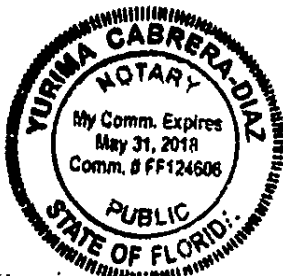
FILED  
14 DEC 10 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

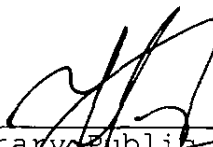
IN WITNESS WHEREOF, We have hereunto set our hands and seals,  
acknowledged and filed the foregoing Limited Liability Company under the  
laws of the State of Florida this 8<sup>th</sup> day of DECEMBER,  
2014.

  
JONATHAN PAUL URSHAN

STATE OF FLORIDA     )  
                                      )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 8 day  
of December, 2014, by JONATHAN PAUL URSHAN, who is personally  
known to me or who has produced driver's license as identification and  
who did take an oath.



  
Notary Public, State of Florida  
At Large

My Commission Expires: May 31, 2018

Having been named as Registered Agent and to accept Service of  
Process for the above-stated company at the place designated herein, 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.

  
JONATHAN PAUL URSHAN

DATE: DECEMBER 8, 2014

FILED  
14 DEC 10 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA