(Requestor's Name)					
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PICK-UP	WAIT	MAIL MAIL			
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(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
					

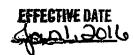
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC"	Heart Smart Weight Loss LLC			
SOBJEC	Γ:Name of I	Limited Liabilit	y Company	
The enclo	sed Articles of Organization and fee(s)	are submitted f	or filing.	
Please ret	urn all correspondence concerning this	matter to the fo	llowing:	
	Cynthia L. Schiefer			
		Name of F	Person	
	Heart Smart Weight Loss LLC			
		Firm/Con	pany	
	6245 Paddington Place			
		Addre	SS	
	Vero Beach, Florida 32967			
	schieferc@icloud.com	City/State and	Zip Code	
	E-mail address: (to be us	ed for future an	nual report notificat	ion)
For further	information concerning this matter, ple	ase call:		
	Cynthia L. Schiefer	772	834-9565	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]] (Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE TALLAMASSEE FLORIDA
15 DEC -3 PM 3: 53

Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heart Smart Weight Loss LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	
1001 SE Monterey Commons Blvd.	6245 Paddington Place
Suite 200	Vero Beach, Florida 32967
Stuart, Florida 32967	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Joseph S. Gage		
	Name	
5 E. High Point Road	d	
	s (P.O. Box NOT acc	eptable)
Stuart	Florida	34996
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Joseph S. Gage 5 E. High Point Road Stuart, Florida 34996 Cynthia L. Schiefer AMBR 6245 Paddington Place Vero Beach, Florida 32967 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/1/2016 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any.

REOUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cynthia L. Schiefer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE TALLAHASSEE FLORIDA