

L16000196856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

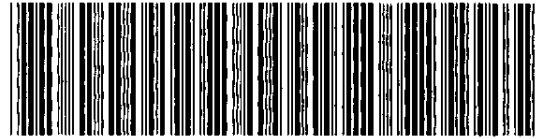
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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10/25/16--01024--019 **155.00

DATE OCT 25 PM 2:15

EFFECTIVE DATE 10/20/16

10/27/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boca Medical Weight Loss Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Goldsmith

Name of Person

Firm/Company

4380 Oakes Road, Suite 807

Address

Davie, FL 33314

City/State and Zip Code

jason@drgscorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Goldsmith 305 297-8586
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boca Medical Weight Loss Center, 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:

Principal Office Address:

1050 NW 15th Street, Suite 215A
Boca Raton, FL 33486

Mailing Address:

1050 NW 15th Street, Suite 215A
Boca Raton, FL 33486

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:

Jason Goldsmith

Name

4380 Oakes Road, Suite 807

Florida street address (P.O. Box **NOT** acceptable)

Davie

FL

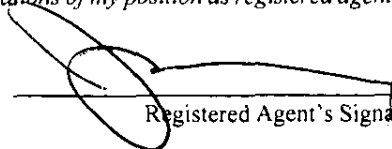
33314

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jason Goldsmith

4380 Oakes Road, Suite 807

Davie, FL 33314

MGR

Dr. Mark McCormick

6751 N. Federal Hwy, Suite 201

Boca Raton, FL 33487

MGR

Dr. Brad Douglas

6751 N. Federal Hwy, Suite 201

Boca Raton, FL 33487

MGR

Dr. Alexandra Schmidt

6751 N. Federal Hwy, Suite 201

Boca Raton, FL 33487 (SEE ATTACHED)

(Use attachment if necessary)

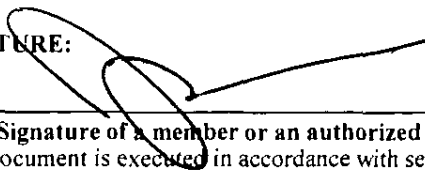
ARTICLE V: Effective date, if other than the date of filing: October 20, 2016 (OPTIONAL)

(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.

REQUIRED 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.

Jason Goldsmith as authorized representative of a member

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)

Articles of Formation – Boca Medical Weight Loss Center, LLC

ARTICLE IV - (Continued)

Title:

Name and Address:

MGR

Dr. Brian Haley
6751 N. Federal Hwy, Suite 201
Boca Raton, FL 33487

MGR

David Lopez
4380 Oakes Road, Suite 814
Davie, FL 33314

MGR

Joe Saade
240 Crandon Blvd., Suite 275
Key Biscayne, FL 33149

MGR

Dr. Charles Goldsmith
21097 N.E. 27th Court, Suite 590
Aventura, FL 33180

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