

1/11/2018

Division of Corporations

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO.

## Ormond Beach Medical Weight Loss Clinic LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H180000136593

**ARTICLES OF ORGANIZATION  
OF  
Ormond Beach Medical Weight Loss Clinic LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Ormond Beach Medical Weight Loss Clinic LLC

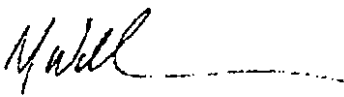
**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1400 Hand Ave #L, Ormond Beach, Florida 32174.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: 

Mark Williams, A.V.P. Business Filings Incorporated

Date: January 10, 2018

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Nicole Morris, 1400 Hand Ave #L, Ormond Beach, Florida 32174

Lauraine Crandall, 1400 Hand Ave #L, Ormond Beach, Florida 32174


Dany Obeid, 1400 Hand Ave #L, Ormond Beach, Florida 32174

FAX AUDIT # H180000136593

FAX AUDIT # H180000136593

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.

  
\_\_\_\_\_  
Nicole Morris, Organizer

Date: 10 Jan 2018

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H180000136593