

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L23000060283  
FILED 8:00 AM  
February 01, 2023  
Sec. Of State  
slsingleton

**Article I**

The name of the Limited Liability Company is:

MED WEIGHT LOSS CLINICS LLC

**Article II**

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

7548 ALPINE BUTTERFLY LN  
ORLANDO, FL. US 32819

The mailing address of the Limited Liability Company is:

7548 ALPINE BUTTERFLY LN  
ORLANDO, FL. US 32819

**Article III**

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

JOE LYNG  
7548 ALPINE BUTTERFLY LN  
SUITE 250  
ORLANDO, FL. 32819

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.

Registered Agent Signature: JOE LYNG

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
JOE LYN  
7548 ALPINE BUTTERFLY LN  
ORLANDO, FL. 32819 US

Title: AMBR  
STEVE WEINER  
5523 WEST CYPRESS ST SUITE 103  
TAMPA, FL. 33607 US

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Signature of member or an authorized representative

Electronic Signature: JOHN MOSELEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.