

L99000009367

December 17, 1999

Doctors Weight Loss Institute, LLC  
318 Indian Trace, #166  
Weston, FL 33326

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-12/27/99--01117--011--  
\*\*\*\*125.00 \*\*\*\*125.00

Sent Certified: P 176 597 758

Department of State  
Division of Corporation  
409 E. Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

Please find enclosed a check for \$125.00 for filing fees for the Articles of Organization for *Doctors Weight Loss Institute, LLC*.

If you have any questions, please do not hesitate to call me at 954-217-0638.

Thank you,



David Cavezza  
Registered Agent

FILED  
99 DEC 27 PM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
12/30

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DOCTORS WEIGHT LOSS INSTITUTE, LLC

## ARTICLE II - Address:

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

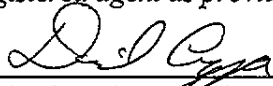
318 INDIAN TRACE, #166  
WESTON, FL 33326

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

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

DAVID CAVEZZA  
Name  
15188 E. LOCH ISLE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI LAKES FL 33014  
City, State, and Zip

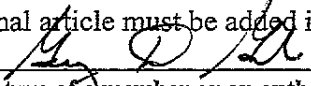
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GARY D. GOLIN

Typed or 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  
99 DEC 27 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA