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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

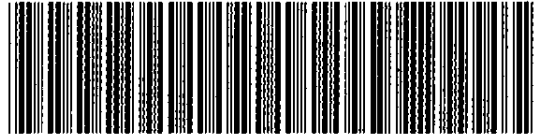
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/10--01023--023 **250.00

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TALLAHASSEE, FLORIDA

S. HAWKES

FEB 12 2010

EXAMINER

S. HAWKES

FEB 2 2010

EXAMINER

19110-5538



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2010

MICHAEL ROSS
2202 N WEST SHORE BLVD 200
TAMPA, FL 33607

SUBJECT: WEIGHT LOSS OPERATIONS COMPANY - CA LLC
Ref. Number: W10000005538

We have received your document for WEIGHT LOSS OPERATIONS COMPANY - CA LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 810A00002802

1-28-10

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Here is \$250 to register Weight Loss Operations Company-CA, LLC and Weight Loss Operations Company-FL, LLC to do business in Florida. Please return all documents to Michael Ross at 2202 N. West Shore Blvd. Suite 200, Tampa, FL 33607. Phone number is 813-288-44671.

Thank You

Michael Ross

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weight Loss Operations Company - CA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael Ross

Name of Person

Firm/Company

2202 N. West Shore Blvd. 200

Address

Tampa, FL 33607

City/State and Zip Code

dave@medizone.com

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

For further information concerning this matter, please call:

Michael Ross

Name of Person

at (813)

Area Code & Daytime Telephone Number

288-4671

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Weight Loss Operations Company - CA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Nevada 3. 27-1558297
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-23-09 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2202 N. West Shore Blvd. 200
Tampa, FL 33607
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

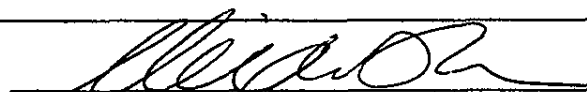
9. The name and usual business addresses of the managing members or managers are as follows:

Michael Ross : 2202 N. Westshore Blvd. Suite 200, Tampa, FL 33607

Guilhem Castagne : 101 South Robertson Blvd. Suite 210, Los Angeles, CA 90048

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Ross
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Weight Loss Operations Company - CA, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

GEC Group, LLC

(Name)

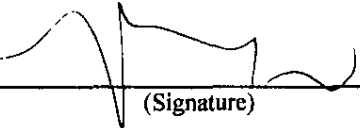
2731 Executive Park Dr., Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston FL 33331

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 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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10 FEB 11 PM 4:07
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

SECRETARY OF STATE




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10 FEB 11 PM 4:07
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **WEIGHT LOSS OPERATIONS COMPANY-CA, LLC** did on December 28, 2009, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 28, 2009.


ROSS MILLER
Secretary of State

Certified By: Diana Speltz
Certificate Number: C20091228-2445
You may verify this certificate
online at <http://www.nvsos.gov/>