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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
W16-52398 6	359		

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FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA

BEFARESSEYES ...

JUL 2 9 2016 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

CORPORATION SERVICE COMPANY

SUBJECT: QUICK WEIGHT LOSS CENTERS, LLC

Ref. Number: W16000052398

Please give original submission date astile

LAHASSEE FLORI

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00015808

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 232080 4338256

AUTHORIZATION : Marghelles

COST LIMIT : \$/125/.00

ORDER DATE : July 27, 2016

ORDER TIME : 3:38 PM

ORDER NO. : 232080-010

CUSTOMER NO: 4338256

#### FOREIGN FILINGS

NAME: QUICK WEIGHT LOSS CENTERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Quick Weight Loss Centers, LLC			
Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in ice, and check are submitted to register the above referenced foreign limited liability company to tran			
Please	return all correspondence concerning this matter to the following:			
	Lynda s. Allen			
	Name of Person			
	Quick Weight Loss Centers, LLC			
	Firm/Company			
	3161 West McNab Road			
	Address			
	Pomano Beach, FL 33069	ECRETALLAIIA		
City/State and Zip Code		N 27		
lynn.allen@quickweightloss.net		<b>→</b>		
E-mail address: (to be used for future annual report notification)		4 8:		
For further information concerning this matter, please call:		ATE 00		
	at () Name of Contact Person Area Code Daytime Telephone ?	Number		
	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 Cir  Tallahassee, FL 32301			
Enclose	ed is a check for the following amount:  \$\Boxed{1} \\$125.00  Filing Fee & Boxed Fi	ng Fee, Certificate rtified Copy		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Quick Weight Loss Centers, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Quick Weight Loss Centers of Florida, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware 3 81-3340027 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3161 West McNab Road, Pomano Beach, FL 33069 (Street Address of Principal Office) 3161 West McNab Road, Pomano Beach, FL 33069 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee . Florida (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Corporation Service Company (Registered agent's signature) Asst. Secretary Tina Qualls 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James Coady - President - 330 Madison Avenue, 27th Floor, New York, NY 10017 Joshua Garrett - Vice President and Secretary - 330 Madison Avenue, 27th Floor, New York, NY 10017

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

Joshua Garrett

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUICK WEIGHT LOSS CENTERS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUICK WEIGHT LOSS CENTERS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 IIIN 27 AM 8: 00

16 JUN 27 AM 8: 00



Authentication: 202730863

Date: 07-27-16

6095717 8300 SR# 20165104148

You may verify this certificate online at corp.delaware.gov/authver.shtml