

M23000005946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

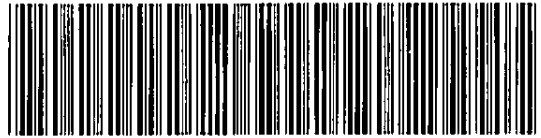
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500407377075

04/22/2014 01:25:00 135.00

FILED
2014 APR 28 PM 2:31

COVER LETTER

**TO: Registration Section
Division of Corporations**

MediCenter Weight Loss, LLC

SUBJECT: _____
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:

Bridget Hurley

Name of Person

MediCenter Weight Loss, LLC

Firm/Company

108 SW Milburn Cir

Address

Port St Lucie, FL 34953

City/State and Zip Code

bhurleyfnp@gmail.com

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

For further information concerning this matter, please call:

Bridget Hurley

404

6928248

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 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:

MediCenter Weight Loss, LLC

1. _____
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. GA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

April 24, 2023

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

6690 Roswell Rd

108 SW Milburn Cir

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Suite 404-14

Port St Lucie, FL 34953

Sandy Springs, GA 30328

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

FILED
2023 APR 28 PM 2:31
TALLAHASSEE, FL

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 comply with 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.

David Roberts

(Registered agent's signature)

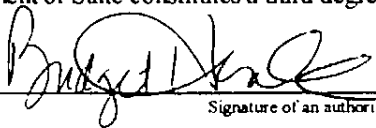
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Bridget Hurley</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>108 SW Milburn Cir</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Port St Lucie, FL 34953</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Bridget Hurley</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Bridget Hurley

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

MediCenter Weight Loss, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **03/15/2022** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **03/29/2022**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed

Secretary of State

Filing Date: 3/15/2022 4:57:17 PM

BUSINESS INFORMATION

CONTROL NUMBER	22070683
BUSINESS NAME	MediCenter Weight Loss, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	03/15/2022

PRINCIPAL OFFICE ADDRESS

ADDRESS	300 Colonial Center Parkway, STE 100N, Roswell, GA, 30076, USA
----------------	----------------------------------------------------------------

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Registered Agents Inc	300 Colonial Center Pkwy Suite 100N, Roswell, GA, 30076, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Bridget Hurley	ORGANIZER	4078 Townsend Ln, Atlanta, GA, 30346, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Bridget Hurley
AUTHORIZER TITLE	Organizer



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

Articles of Organization

Article One

The name of the limited liability company is:

MediCenter Weight Loss LLC

Article Two

(Check, and if applicable complete, one of the following)

- ☒ The articles of organization shall be effective upon filing with the Secretary of State.
- ☐ The articles of organization shall be effective on: _____ at _____.
(Date) (Time)

[Note: The delayed effective date may not be later than 90 days after the filing date.]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on
03/04/2022

(Date)

Signature

Bridget Hurley

Print Name*

Capacity (choose one option only): ☐ Organizer

☒ Member

☐ Manager

☐ Attorney-in-fact

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

NAME RESERVATION CONFIRMATION

Entity Name: MediCenter Weight Loss,

Effective Date: 03/15/2022

Name Reservation Number: 22675602

Filer Name: Bridget Hurley

Filer Address: 300 Colonial Center Parkway, Roswell, GA, 30076, USA.

Amount Paid: \$25.00

Approved by: Tenecia Paul

The above name has been reserved. To use the name reservation number when filing entity formation documents, use the exact entity name as it appears on this confirmation receipt.

Name reservations are valid for 30 days.



Brad Raffensperger

Brad Raffensperger
Secretary of State