

NO7000008/29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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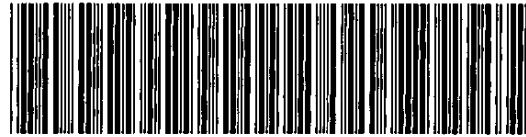
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

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August 15, 2007

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: My Lap Band Surgery, Inc.

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation concerning My Lap Band Surgery, Inc., together with our client's check in the amount of \$78.75 representing your filing fee. If all is in order, kindly file the Articles and return a certified copy of same to the undersigned.

If you have any questions, please do not hesitate to call.

Sincerely,

Karolyn Sheekey
Secretary

encl.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

MY LAP BAND SURGERY, INC.

The undersigned incorporators of these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a not for profit corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is:

MY LAP BAND SURGERY, INC.

ARTICLE II. NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to engage in assisting those attempting weight loss surgery and other cosmetic surgeries.

ARTICLE III. QUALIFICATION OF MEMBERS

The membership of this corporation shall constitute all persons hereinafter named as subscribers and such other persons as, from time to time hereafter, may become members, in the manner provided in the By-Laws.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. ADDRESS

The mailing and street address of the initial principal office of this corporation in the State of Florida is 145 Cypress Point Road, Unit 102, Palm Coast, FL 32164. The Board of Directors may, from time to time, move the principal office or mailing address to any other addresses in Florida.

ARTICLE VI. DIRECTORS

The corporation shall have three (3) directors initially. The number of directors may be increased or decreased from time to time, by By-Laws adopted by the members.

ARTICLE VII. INITIAL DIRECTORS

The names and post office addresses of the members of the first Board of Directors are:

<u>Name</u>	<u>Address</u>
Darren R. Mozer	145 Cypress Point Road Unit 102 Palm Coast, FL 32164
Lori J. Mozer	145 Cypress Point Road Unit 102 Palm Coast, FL 32164
Samantha Sedich	145 Cypress Point Road Unit 102 Palm Coast, FL 32164

ARTICLE VIII. INCORPORATORS

The name and post office address of each incorporator of these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
Darren R. Mozer	145 Cypress Point Road Unit 102 Palm Coast, FL 32164

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.

ARTICLE X. REGISTERED AGENT AND OFFICE

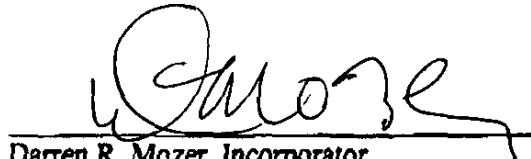
The registered agent and office for this corporation shall be Darren R. Mozer, 145 Cypress Point Road, Unit 102, Palm Coast, FL 32164, to accept service of process within this State as to this corporation. The Registered Agent and office of the Corporation may be changed by the Corporation at anytime in accordance with the provisions of Florida law.


Darren R. Mozer, Incorporator

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED:

FIRST: THAT MY LAP BAND SURGERY, INC., DESIRING TO ORGANIZE OR
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE
OF BUSINESS AT 145 CYPRESS POINT ROAD, UNIT 102, PALM COAST, FL 32164, HAS
NAMED DARREN R. MOZER, 145 CYPRESS POINT ROAD, UNIT 102, PALM COAST,
STATE OF FLORIDA, 32164 AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT
SERVICE OF PROCESS WITHIN FLORIDA.

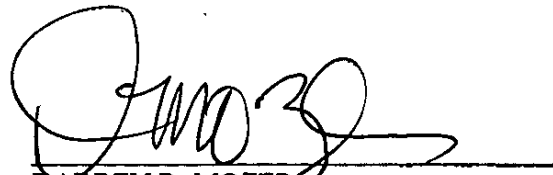

Darren R. Mozer, Incorporator
DATE: 8.15, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

A handwritten signature in black ink, appearing to read 'DMOZ', is written over a horizontal line.

DARREN R. MOZER
REGISTERED AGENT

DATE: 8-15, 2007