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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1#

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	WEIGHT	MANAGEMENT INSTITUTE INC			
	TILIOIII	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are a	an origir	nal and one (1) copy of the artic	cles of incorporation an	d a check for:	
তা ৫ :	70.00	\$78.75	\$78.75	\$87.50	
ک ک Filing		Filing Fee	Filing Fee	Filing Fee,	
rining	, 1 66	& Certificate of Status	& Certified Copy	Certified Copy	
				& Certificate of	
				Status	
			ADDITIONAL CO	PY REQUIRED	
cc	POM∙	MODTEZA TAER			
FROM: MORTEZA TAEB Name (Printed or typed)					
				•	
4687 N UNIVERSITY DRIVE					
Address					
CORAL SPRINGS FL 33067 City, State & Zip					
Oity, State & Lip					
954-796-4677					
Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

• WEIGHT MANAGEMENT INSTITUTE INC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED		
07 MAY 14 PM 3: 32		
SECRETARY OF STATE TALLAHASSEE, FLORIDA		
LUHIDA		

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ARTICLE I NAME

The name of the corporation shall be:

WEIGHT MANAGEMENT INSTITUTE INC ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4687 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33067 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WEIGHT MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MORTEZA TAEB PRESIDENT 4687 N UNIVERSITY DRIVE CORAL SPRINGS FL 33067

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MORTEZA TAEB
4687 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: **MORTEZA TAEB**

4687 N UNIVERSITY DRIVE CORAL SPRINGS FL 33067

Having been named as registered agent to accept service of process for the above stated corporation at the place designated

in this certificate, I am familiar with and accept the appointment as registe	red agent and agree to act in this capaci
- Talle hrs	5/10/07
Signature/Registered Agent	Date
~ outh wise	5/10/07
Signature/Incorporator	Date