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SECRETARY OF STATE TALL AHASSEE, FLORIDI

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COVER LETTER

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

SUBJECT: Weight Loss Surgery Consultants, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	6701 Osborne	DIQZ (Printed or typed) Drive Address	
	Lantana, Fi 501-436-94	33402 State & Zip	
	Daytime Telephone number		

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

weight Loss Surgery Consultants, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

6701 Osborne Drive Lantana, Fl 33462

<u> ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

barratric Surgery Coordinating

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joquelyn m. Diazi President Diaz, Vice President

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

FL 33462

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Daguelyn M. Diaz GOI OSBOYNE Dr Lantana, Fr 33462

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 registered agent and agree to act in this capacity