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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

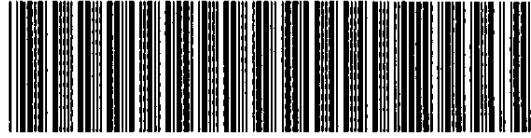
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R* 05/28/13

# DUANE E. THOMAS

ATTORNEY AT LAW

PHONE: (386) 755-5014  
FAX: (386) 755-3093  
EMAIL: [duane@duanethomas.org](mailto:duane@duanethomas.org)

206 S. MARION AVE  
LAKE CITY, FL 32056

May 21, 2013

Florida Department of State  
Division of Corporations  
Clifton Bldg., 2661 Executive Center Cir.  
Tallahassee, FL 32301

RE: Articles of Incorporation for: **Origins Family Medical and Weight Loss Clinic, Inc.**

Gentlemen:

I enclose duplicate originals of the Articles of Incorporation for a new for-profit Corporation to be known as: **Origins Family Medical and Weight Loss Clinic, Inc.**

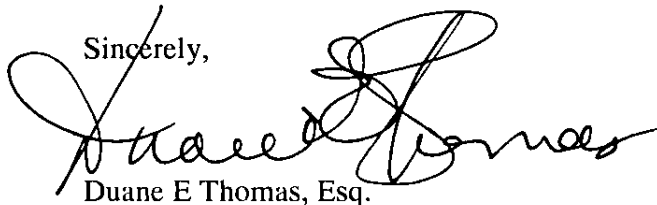
I also enclose my check made payable to the "**Florida Department of State**" in the amount of \$87.50, as follows:

filing fee	\$35.00
registered agent designation	\$35.00
certified copy of the articles of incorporation	8.75
certificate of status	8.75
<hr/>	
total	\$87.50

Please file the enclosed articles of incorporation and return to me a certified copy of the articles of incorporation along with a certificate of status of the newly formed the Corporation.

If there is any question or problem, please contact me.

Sincerely,



Duane E Thomas, Esq.

Enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**ORIGINS FAMILY MEDICAL AND WEIGHT LOSS CLINIC, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**ORIGINS FAMILY MEDICAL AND WEIGHT LOSS CLINIC, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address and Mailing address, if different is:

**206 South Marion Ave.  
Lake City, FL 32025**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Any lawful purpose.**

**ARTICLE IV SHARES**

The number of shares of stock is: **TEN THOUSAND SHARES (10,000)**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<b>DUANE E. THOMAS PRESIDENT and DIRECTOR</b>
Address:	<b>206 S. MARION AVENUE LAKE CITY, FL 32025</b>
Name and Title:	<b>KAREN K. THOMAS SECRETARY/TREASURER and DIRECTOR</b>
Address:	<b>667 SE BUCK GLN LAKE CITY, FL 32056</b>

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Name:	<b>DUANE E. THOMAS</b>
Address:	<b>206 S. MARION AVENUE LAKE CITY, FL 32025</b>

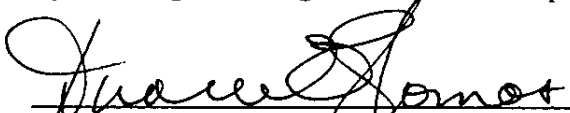
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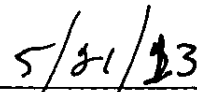
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: **DUANE E. THOMAS**  
Address: **206 S. MARION AVE.**  
**LAKE CITY, FL 32025**

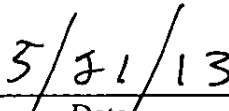
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
DUANE E. THOMAS Registered Agent

  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

  
\_\_\_\_\_  
DUANE E. THOMAS Incorporator

  
\_\_\_\_\_  
Date

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