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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

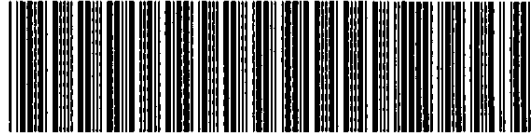
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/22/13--01002--014 **87.50

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13 MAY 22 AM 9:19
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

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.**

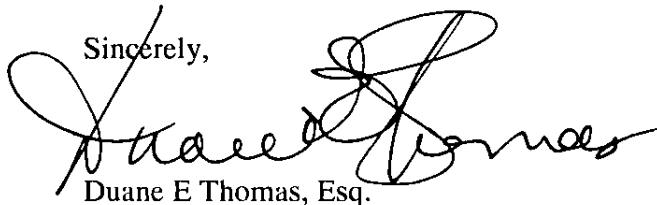
I also enclose my check made payable to the "**Florida Department of State**" in the amount of \$87.50, as follows:

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

ARTICLE VI REGISTERED AGENT

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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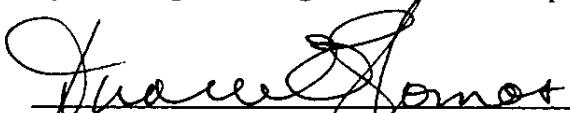
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ARTICLE VII INCORPORATOR

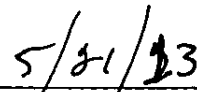
The name and address of the Incorporator is:

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

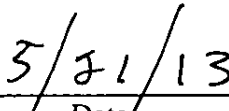


Date

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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