

**Electronic Articles of Incorporation  
For**

P15000018485  
FILED  
February 19, 2015  
Sec. Of State  
cgolden

FAT LOSS CLINICS INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

FAT LOSS CLINICS INC.

**Article II**

The principal place of business address:

717 GULF LAND DRIVE  
APOPKA, FL. US 32712

The mailing address of the corporation is:

717 GULF LAND DRIVE  
APOPKA, FL. US 32712

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL. 33907

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MARSHA DASCH

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## Article VI

The name and address of the incorporator is:

MARSHA SHA  
134 VINTAGE PARK BLVD A-50  
  
HOUSTON TX 77070

Electronic Signature of Incorporator: MARSHA SIHA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P,D  
ANNETTE BOOTH MARTENSSON  
717 GULF LAND DRIVE  
APOPKA, FL. 32712 US

Title: VP,D  
AMY ORTA  
717 GULF LAND DRIVE  
APOPKA, FL. 32712 US

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GENERAL AFFIDAVIT

State of **FLORIDA**

County of Broward

Before me this day personally appeared ANNETTE BOOTH MARTENSON who, being duly sworn deposes and says:

I am of sound mind and and capable of making this sworn statement. I have personal knowledge of the facts written in this sworn statement. I understand that if I lie in this statement I may be held criminally responsible. This statement is true.

REGARDING FAT LOSS CLINICS INC. Tracking Number: 700269725407

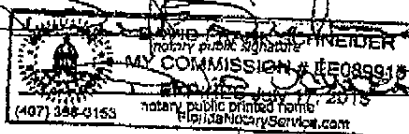
THE CONFLICTING ENTITY P15000007055 (FAT LOSS CLINICS INC.) IS THE SAME ENTITY THAT IS TRYING TO REFILE (Tracking Number: 700269725407).

THE ENTITY P15000007055 (FAT LOSS CLINICS INC.) WAS DISSOLVED IN ERROR AND NEEDS TO BE IN "ACTIVE" STATUS WITH THE STATE.

I AM THE Director/Officer OF P15000007055 (FAT LOSS CLINICS INC.)

[Signature]  
signature of affiant

Sworn to (or affirmed) and subscribed before me this 22 day of February, 2015, by ANNETTE BOOTH MARTENSON who ☐ is personally known to me or ☒ produced a FLA. DRIVER LICENSE as identification.



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