

P23000015411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

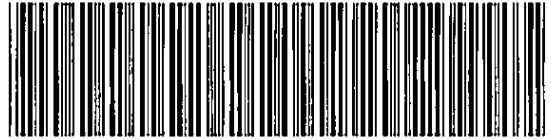
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
FEB 28 2023

FILED
2023 FEB 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 520352 8305491

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : February 23, 2023

ORDER TIME : 2:01 PM

ORDER NO. : 520352-005

CUSTOMER NO: 8305491

DOMESTIC FILING

NAME: FLORIDA MEDICAL WEIGHTLOSS
INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2023

CORPORATION SERVICE COMPANY

SUBJECT: FLORIDA MEDICAL WEIGHT LOSS INC.
Ref. Number: W23000025899

RESUBMIT
Please give original
submission date as file date.

We have received your document for FLORIDA MEDICAL WEIGHT LOSS INC..
However, the document has not been filed and is being returned for the following:

The principal address needs to be a complete address, including the city.,

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 823A00004508

RECEIVED
2023 FEB 27 PM 3:44
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: Florida Medical Weight loss Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13650 Carryback Dr, Dade City
FL 33525

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Storlien P

Address 13650 Carryback Dr
Dade City FL 33525

Name and Title: Noreen Storlien VP

Address: 13650 Carryback Dr
Dade City FL 33525

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
2023 FEB 23 PM 2:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL STORLIEN

Address: 13650 Carryback Dr.

Dade City, FL 33525

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Eyleine Baker

Assistant Vice President

Required Signature/Registered Agent

02/23/2023

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.

Daniel Storlien

Required Signature/Incorporator

2/23/23

Date

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB 23 PM 2:00

FILED