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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

EFFECTIVE DATE
2/14/08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 FEB 14 AM 8:20

FILED

RECEIVED

08 FEB 14 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

T, HC, BC, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

T, HC, BC, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:30 Duke Drive
Lake Worth, FL 33460**Mailing Address:**30 Duke Drive
Lake Worth, FL 33460**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Brian Clement

Name

30 Duke DriveFlorida street address (P.O. Box **NOT** acceptable)Lake Worth FL 33460

City, State, and Zip

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TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:**MGRM****Brian Clement****30 Duke Drive****Lake Worth, FL 33460****MGRM****Treadcorp****10336 Loch Lomond Road 219****Middletown, CA 95461****MGRM****Healthful Communications****13205 US Highway One****Building 301, Suite 530****Juno, FL 33408**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-14-08 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Additional provisions on rider attached.**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian Clement, Authorized Person

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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