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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

LIMITED LIABILITY COMPANY

Linda Mitchell Massage Therapy, LLC

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ARTICLES OF ORGANIZATION

Article I. Name

The name of this Florida limited liability company is: Linda Mitchell Massage Therapy, LLC

Article II. Address

The Company's street and mailing address is: Linda Mitchell Massage Therapy, LLC 7646 S. Tamiami Trail Sarasota FL 34231

Article III. Registered Agent

The name and street address of the Company's registered agent is: Linda Mitchell 7646 S. Tamiami Trail Sarasota FL 34231

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

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<u>Article</u>	<u>V.</u>	Mana	agem	ent

This will be a member-managed company. The name of each member is:

Linda Mitchell

Article VI. Company Existence

The Company's existence shall begin effective as of April 19, 2000.

The undersigned authorized representative of a member executed these Articles of Organization on April 19, 2000.

CORPORATE CREATIONS INTERNATIONAL INC.

Andreas M. Kelly Vice President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF REGISTERED AGENT

Linda Mitchell Massage Therapy, LLC

REGISTERED AGENT/OFFICE: Linda Mitchell 7646 S. Tamiami Trail Sarasota FL 34231

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

LINDA MITCHELL

by A.M. Kelly as attorney-in-fact

Date: April 19, 2000

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SECRETARY OF STATE
TALL AHASSEF FLORIDA

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