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WEST PALM BEACH, FLORIDA 33401

L0000000/2352

October 5, 2000

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

500003417475--0  
-10/06/00--01117--003  
\*\*\*\*130.00 \*\*\*\*130.00

Re: Cassidy Therapeutic Massage, LLC

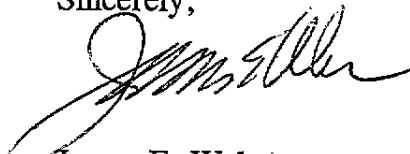
Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Organization for Florida Limited Liability Company of Cassidy Therapeutic, LLC. Please date stamp and return the copy of the articles and return same along with the letter of acknowledgment. Also, please provide me with a Certificate of Status.

I have enclosed a check in the amount of \$130.00 to cover your fees.

Thank you for your attention to this matter.

Sincerely,

  
James E. Weber

FILED  
00 OCT -6 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JW:ri  
Enclosures

L00-12352  
BA 10/10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CASSIDY THERAPEUTIC MASSAGE, LLC

**ARTICLE II - Address:**

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

501 Fern Street  
West Palm Beach, Florida 33401

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Christopher M. Cassidy  
Name  
501 Fern Street  
Florida street address (P.O. Box **NOT** acceptable)  
West Palm Beach, FL 33401  
City, State, and Zip

*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

**Article IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Christopher M. Cassidy  
Typed or printed name of signee

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified COPY (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
OCT - 6 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA