

FROM : COX & NICI

FAX NO. : 941 659-4496

Apr. 17 2001 01:43PM P1

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : COX & NICI
Account Number : I20000000223
Phone : (941) 659-4495
Fax Number : (941) 659-4496

LIMITED LIABILITY COMPANY

Sarasota Natural Healing Arts Int'l, L.L.C.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
SARASOTA NATURAL HEALING ARTS INT'L, L.L.C.**

**ARTICLE I
NAME**

The name of this Limited Liability Company is SARASOTA NATURAL HEALING ARTS INT'L, L.L.C. (the "Company").

**ARTICLE II
DURATION**

The period of duration for the Company is perpetual.

**ARTICLE III
EFFECTIVE DATE OF ORGANIZATION**

The effective date of the Organization of the Company shall be April 24, 2001.

**ARTICLE IV
PRINCIPAL ADDRESS**

The street address of the principal office of the Company is:

115 North Tamiami Trail #6
Nokomis, Florida 34275

**ARTICLE V
MAILING ADDRESS**

The mailing address of the principal office of the Company is:

115 North Tamiami Trail #6
Nokomis, Florida 34275

**ARTICLE VI
REGISTERED OFFICE AND AGENT**

The initial registered office of this Company shall be c/o Cox & Nici, 3001 Tamiami Trail North, Suite 100, Naples, Florida 34103, and its initial registered agent at such office shall be Joe B. Cox.

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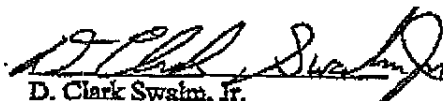
ARTICLE VII
MANAGEMENT

The Company is to be managed by managing member(s) and the names and addresses of the managing members who shall serve as managing members until the first annual meeting or until his successor is chosen are:

D. Clark Swalm, Jr.
2509 Casey Key Road
Nokomis, Florida, Florida 34275

Nicole Swalm
2509 Casey Key Road
Nokomis, Florida, Florida 34275


Dated this 6th day of April, 2001.


D. Clark Swalm, Jr.
Managing Member


Nicole Swalm
Managing Member

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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, Florida Statutes.


Joe B. Cox
Accepting Appointment as
Registered Agent

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