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To:

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

From:

Account Name : RICHARD J. SIMEONE, P.A.
Account Number : I20000000118
Phone : (941)275-6339
Fax Number : (941)275-3493

AL

LIMITED LIABILITY COMPANY

LivingWell Lady at North Miami, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
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LIVINGWELL LADY

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**ARTICLES OF ORGANIZATION
OF
LIVINGWELL LADY AT NORTH MIAMI, L.L.C.**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

LIVINGWELL LADY AT NORTH MIAMI, L.L.C.

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

6601 NW 14th Street, Ste #2
Plantation, FL 33313

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Richard J. Simeone
4411 Cleveland Avenue
Ft Myers, FL 33901

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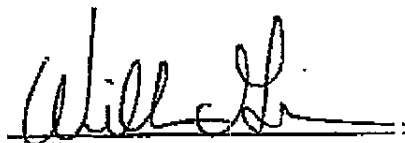
ONT GROUP INC
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Having been named as registered agent and to accept service of process for the above state I limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in 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.


Richard J. Simone
Registered Agent

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by one or more managers and is, heretofore, a manager-managed company.


William Green
Authorized Representative of the Members

(In accordance with Section 608.402(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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