

Integral Bio-Work Therapies LLC

P.O. Box 530700, DeBary, FL 32753-0700

January 30, 2002

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-02/01/02--01049--016
*****160.00 *****160.00

Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed, please find (1) the articles of organization for our new company, and (2) a check in the amount of \$160.00 payable to the Florida Department of State. This payment includes \$100.00 Filing fee for Articles of Organization; \$25.00 Designation of Registered Agent; \$30.00 Certified Copy; and \$5.00 Certificate of Status.

The company's telephone number is (386) 775-4325. The company's current mailing address is: PO Box 530700, DeBary, FL 32753. On or about April 1, the street address will be 454 Treemonte Drive, Orange City, FL 32763

As the registered agent, I live at 426 Glen Abbey Lane, DeBary, FL 32713, and can be reached by phone there at (386) 753-0048. My mobile phone numbers are (386) 479-3110 or (386) 479-8060.

Thank you very much.

Very truly yours,

Marshall J. Saipher
Marshall J. Saipher

Registered Agent

FILED
02 FEB - 1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-3029
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Integral Bodywork Therapies, LLC

ARTICLE II - Address:

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

Street address: 454 Treemonte Drive, Orange City, FL 32763

Mailing address: PO Box 530700, DeBary, FL 32753

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

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

Marshall J. Saipher

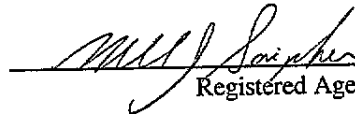
426 Glen Abbey Lane, DeBary, FL 32713

Florida street address (P.O. Box NOT acceptable)

FL

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.)

Marshall J. Saipher

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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