MindWaves, LC P.O. Box 51544 Jacksonville Beach, FL 32240

"A spa for the mind"

February 19, 2002 Lo 20000 5065

State of Florida Registration Section Division of Corporations 40 E. Gaines Street Tallahassee, FL 32399 (850) 245-6051

400004962064--0 -02/20/02--01082--006 ****135.00 ****135.00

Dear Sir or Madam: 40004962064--0 -03/04/02--01097--001 *****25.00 *****25.00

Enclosed you will find two (2) fully-signed and notarized copies of the "Operating Agreement of MindWaves, LC", a check in the amount of \$135.00, and a completed, prepaid FedEx envelope, to facilitate completion of the filing of MindWaves, LC's Articles of Organization.

Pursuant to the state requirement, the \$135.00 check includes: \$100.00 for filing fees; \$30.00 to receive a certified copy; and \$5.00 to receive a Certificate of Status. Please send the certified copy in the completed, pre-paid FedEx envelope to:

MindWaves, LC c/o 13519 Valbuena Court Jacksonville, Florida 32224

We would greatly appreciate all efforts to expedite the filing of these Articles of Organization and look forward to receiving our State of Florida certified copy and Certificate of Status soon. Please feel free to call Julie Gaines at (904) 221-5249 in the event any questions should arise.

Sincerely,

Rona L. Mizrachi Member/Partner MindWaves, LC

1. Mingaelli

120/-

FILED
02 MAR -4 PH 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 25, 2002

RONA L. MIZRACHI WINDWAVES CL 13519 VALBUENA CT JACKSONVILLE, FL 32224

SUBJECT: MINDWAVES, LC Ref. Number: W02000005385

We have received your document for MINDWAVES, LC and check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan Document Specialist

Letter Number: 002A00011595

OZ MAR -4 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE ESTATE

*ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MINDWAVES, LC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability C	
J28 6TH AVES P.O. B TACKSONVILLE BEACH, FL 32250 TACKSON	OX 5154
TACKSONVILLE BEACH, FL 32250 TACKSON	VILLE BENT
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	ure:
	522
The name and the Florida street address of the registered agent are:	
JULIE A. GAINES	
JULIE A. GAINES Name 13519 VALBUENA (t.	
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	<u> </u>
Having been named as registered agent and to accept service of process for the above state	
liability company at the place designated in this certificate, I hereby accept the appointment	-
agent and agree to act in this capacity. I further agree to comply with the provisions of all	
relating to the proper and complete performance of my duties, and I am familiar with and a	accept the
obligations of my position as registered agent as provided for in Chapter 608, F.S	
~ 0.0	
Registered Agent's Signature	
0	
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more managed	gers and is,
therefore, a manager - managed company.	
(An additional article must be added if an effective date is requested)	
	#S =
Signature of a member or an authorized representative of a member.	F 02 MAR -1 SECRETAR ALLAHASS
(In accordance with section 608.408(3), Florida Statutes, the execution	
of this document constitutes an affirmation under the penalties of perjury	FI AR
that the facts stated herein are true.)	E C
JULIE A. GAINES Typed or printed name of signee	PH PH SF(S
Typed or printed name of signee	2: 0 STATE LORIC
Delega Trans	₽F 05
<u>Filing Fees:</u> \$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)	