Florida Department of State

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To:

Division of Corporations

Fax Number : (850

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From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.

Account Number : 120000000125 Phone : (954)385-2284

Fax Number : (954)385-8864

JIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Weliness and Healing Paths, LLC.

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\$155.00

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ARTICLES OF ORGANIZATION OF WELLNESS AND HEALING PATHS, LLC.

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named Wellness and Healing Paths, LLC.

ARTICLE I: NAME

The name of the Company shall be: Wellness and Healing Paths, LLC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Company shall be:

6103 NW 116 PL, UN 461, Miami, FL 33478

ARTICLE III: DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV: PURPOSE

This company will engage in investments, international trade, import & export of general merchandise and general commercial and professional activities related to the health industry, including treatments, consultations therapies and other endeavors in connection thereof and shall conduct any and all lawful business in the United States and abroad.

ARTICE V: MANAGEMENT

The Company shall be managed by one or more managers and is therefore a manager - managed company. The initial managers of the Company shall be two (2), to hold office until their successors have been duly elected and qualified, or until their earlier resignation, removal from office or death.

The number of Managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company.

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The name and address of the initial Managers are:

Enrique Senior:

6103 NW 116 PL, UN. 461, Miami, FL 33478

Beatriz Roche:

6103 NW 116 PL, UN. 461, Miami, FL 33478

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial Registered Agent is:

Heana Arias Tovar, Esq. Weston Town Center 1725 Main Street, Suite 205 Weston, FL 33326 SS EPR L ENTER STREET FLORIDA

Having been named as registered agent and to accept service of process for the above stated 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.

Signature of Registered Agent

Date: March 12, 2003

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has signed these Articles of Organization this 12^{th} day of March, 2003

Signature of Member or Authorized Representative of a Member