## L030000/5094

ANDREA TWITCHELL 206 MELBA AVE.NW PALM BAY, FL 32907  (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)  (Document Number)
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FILED
2003 APR 28 PM 1: 31
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ANASSEE, FLORIDA

W03-/0834 JBRYAN APR 1 6 2003



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 16, 2003

ANDREA TWITCHELL 206 MELBA AVE. NW PALM BAY, FL 32907

SUBJECT: HEALTH CARE MASSAGE THERAPY CLINIC, LLC

Ref. Number: W03000010834



We have received your document for HEALTH CARE MASSAGE THERAPY CLINIC, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Joey Bryan Document Specialist

Letter Number: 103A00022797

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Æ	I	- Nam	e:
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The name of the Limited Liability Company is:

HEALTH CARE MASSAGE THERAPY CLINIC, LLC

## **ARTICLE II - Address:**

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

2191 JULIAN AVE. SUITE#3, NE

PALM BAY, FL 32905

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

Alls AR 28 PM 1:31

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

7/ <sub>2</sub> <b>/</b> 3
ANDREA P. TWITCHELL
Name
206 MELBA AVE. NW
Florida street address (P.O. Box NOT acceptable)
PALM BAY FL 32907 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
(An additional article must be added if an effective date is requested)
Jumperthell
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.)
ANDREA P. TWITCHELL  Typed or printed name of signee

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)