L03000015094

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

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2003 APR 28 PM 1:31
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-10834

J. BRYAN APR 16 2003

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 16, 2003

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:
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:

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

ANDREA P. TWITCHELL
Name

206 MELBA AVE. NW
Florida street address (P.O. Box **NOT** acceptable)

PALM BAY FL 32907
City, State, and Zip

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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)

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)