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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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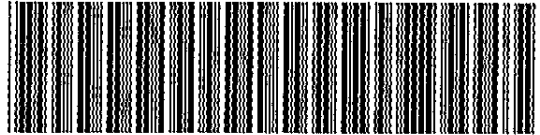
(Business Entity Name)

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ALLAN M. GLASER, P.A.

**Biscayne Centre
Suite 807
11900 Biscayne Boulevard
Miami, Florida 33181**

ALLAN M. GLASER
ATTORNEY AT LAW

TELEPHONE (305) 893-5999
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August 11, 2003

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
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Re: Articles of Organization for AmericanWellBeing, LLC
Our File No. 4359-0

Dear Sir or Madam:

Enclosed please find the following:

1. Articles of Organization for AmericanWellBeing, LLC a Florida Limited Liability Company.
2. A check payable to the FLORIDA DEPARTMENT OF STATE in the amount of \$130.00 for the filing fee for the Articles of Organization and Designation of Registered Agent, together with the fee for the return of a Certificate of Status.
3. Self-addressed FedEx envelope and airbill to return the documents.

I look forward to a prompt receipt of the letter of acknowledgement together with the Certificate of Status. If you have any questions regarding the above request, please call the undersigned.

Cordially yours,


ALLAN M. GLASER

AMG/sr

Enc.

136474359-0/081103

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AmericanWellBeing, LLC.

ARTICLE II - Address:

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

6881 Bay Drive (#22)
Miami Beach, Florida 33141

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

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

Allan M. Glaser, P.A.
Name

P94-25296

11900 Biscayne Boulevard Suite 807
Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33181
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.

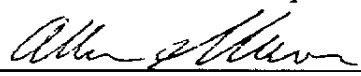


Registered Agent's Signature

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)

Piera Rimoldi and Neil Somerfield by: 

Signature of 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.)

Allan M. Glaser, P.A.

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)

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