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Fax Number : (850)205-0383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

Andersen Massage Therapies LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
Andersen Massage Therapies LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Andersen Massage Therapies LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 460 David Street, Atlantic Beach, Florida 32233.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2043.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Dean Andersen, 460 David Street, Atlantic Beach, Florida 32233

  
Business Filings Incorporated, Organizer  
Mark Schiff, AVP  
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated  
8025 Excelsior Dr., Suite 200, Madison, WI 53717  
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Andersen Massage Therapies LLC

The name and address of the registered agent and office is Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

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: [Handwritten Signature]
Mark Schiff, AYP
Business Filings Incorporated

Date: September 10, 2003

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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