

L04000055484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

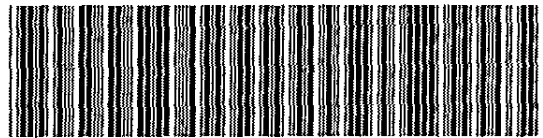
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-55484
OK

Wills, Trusts &
Estate Planning
Estate Administration
Corporation &
Business Law

Law Offices
ANDREW J. BRITTON, P.A.
151 Center Road
Venice, FL 34285

Telephone
(941) 408-8008

Telecopier
(941) 408-0722

July 23, 2004

Corporate Records
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Touch Therapies For Wellness & Relaxtion, LLC

Dear Ladies or Gentlemen:

Enclosed herewith are the original and a copy of the Articles of Organization of the above referenced limited liability company.

Also enclosed is a check in the amount of \$130.00 to cover the following:

\$100.00	Filing fee
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status

Please return the certificate under seal and a copy of the Articles of Incorporation to me at the above address. Thank you.

Very truly yours,



Andrew J. Britton

AJB/bk
Enclosures
cc: Barbara Moon-Polakoski

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name

The name of the Limited Liability Company is Touch Therapies For Wellness & Relaxation, LLC.

ARTICLE II — Address

The mailing address and street address of the principal office of the Limited Liability Company is 1334 Whispering Lane, Venice, Florida 34285.

Article III — Registered Agent, Registered Office

The name and the Florida street address of the initial registered agent are Barbara Moon-Polakoski, 1334 Whispering Lane, Venice, FL 34285.

Article IV — Management:

The Limited Liability Company is to be managed by a member or members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 22ND day of July, 2004.

(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.)


Barbara Moon-Polakoski

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Barbara Moon-Polakoski

"Registered Agent"

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA