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性情神经的 医海绵病的 计多数数字 医眼镜 化二氯磺胺甲基二甲基 医动脉神经神经炎 CAPITAL CONNECTION, INC. Manual Control of the 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Karen Lay, LMT, LCC Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File Fictitious Name File_____ Trade/Service Mark_____ Merger File Art. of Amend. File_____ RA Resignation_____ Dissolution / Withdrawal____ Annual Report / Reinstatement_____ Cert. Copy_____ Photo Copy___ Certificate of Good Standing_____ Certificate of Status Certificate of Fictitious Name_____ Corp Record Search_____ Officer Search____ Fictitious Search____ Fictitious Owner Search Signature Vehicle Search

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ARTICLES OF ORGANIZATION FOR KAREN LAY, LMT, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: KAREN LAY, LMT, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 340 Pinellas Bayway #204, Tierra Verde, Florida 33715.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: Until dissolved pursuant to its Operating Agreement.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the member. The name and address of the managing member is:

Karen L. Lay 340 Pinellas Bayway #204 Tierra Verde, Florida 33715 TAIL SERVEN

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and

conditions of the admissions shall be: Additional members may be admitted only as

unanimously agreed upon by the Members as set forth in the Operating Agreement.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the

business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member

or the occurrence of any other event which terminates the continued membership of a member in

the limited liability company shall be: Only with the consent of all the remaining Members.

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing

Member, by: Karen L. Lay.

Dated this 26th day of July, 2004.

Karen L. Lav

Managing Member

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STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 26th day of July, 2004, by **Karen L. Lay**, who has produced a Florida Driver License as identification.

Jeffrey M. Lasman, Notary Public

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ATLANTIC BONDING CO, INC.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: KAREN LAY, LMT, LLC.
- 2. The name and address of the registered agent and office is:

Jeffrey M. Lasman, Esquire LASMAN LAW FIRM, P.A. 115 Providence Road Brandon, Florida 33511

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.

Jeffrey M. Lasman

July 26, 2004 (Date)