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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Equitherapy, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Equitherapy, LLC

The mailing address and street address of the Limited Liability Company are :

**303 Security Square
Winter Haven, FL 33880**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C, Tampa, FL 33607, (813)-875-1333.

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ARTICLE V

Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

303 Security Square
Winter Haven, FL 33880

and the name of its registered agent at such address is:

Christian Petit

ARTICLE VI

Management

This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Christian Petit, Managing Member
303 Security Square
Winter Haven, FL 33880

Dated: Monday, August 23, 2004


Christian Petit

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AUG 24 2004 5:12PM

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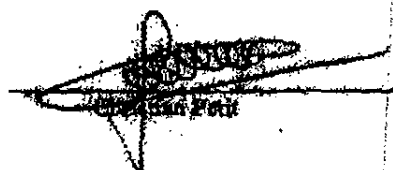
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ACCEPTANCE BY REGISTERED AGENT

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.

Date: August 23, 2004

A handwritten signature, possibly reading "J. J. J.", is written over a horizontal line.

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