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1

Certificates of Status

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11/23/04--01020--023 **133.75

12/29/04--01016--003 **21.25

FILED
04 DEC 28 PM 2:53
TALLAHASSEE, FLORIDA

GILES & ROBINSON, P.A.
ATTORNEYS AT LAW

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November 5, 2004

Corporate Records Bureau
Division of Corporations
Department of State
409 East Gains Street
Tallahassee, Florida 32399

Re: Clear Passage Therapies of Gainesville, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Organization for the above-mentioned entity along with our firm's check in the amount of \$133.75 for the following:

<u>Item</u>	<u>Amount</u>
Filing Fees	\$100.00
Registered Agent Designation	\$25.00
Certified Copy	<u>\$ 8.75</u>
TOTAL	\$133.75

Upon acceptance of the charter and filing thereof by your office, please provide me with a certified copy of same.

Sincerely,



Katherine L. Reid,
Legal Assistant to John J. Reid

/klr
Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 2, 2004

KATHERINE L. REID
GILES & ROBINSON, P.A.
390 N. ORANGE AVENUE, SUITE 2180
ORLANDO, FL 32801

SUBJECT: CLEAR PASSAGE THERAPIES OF GAINESVILLE, LLC
Ref. Number: W04000043958

We have received your document for CLEAR PASSAGE THERAPIES OF GAINESVILLE, LLC and your check(s) totaling \$133.75. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$21.25.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 204A00067670

ARTICLES OF ORGANIZATION
of
CLEAR PASSAGE THERAPIES OF GAINESVILLE, LLC
a Florida limited liability company

ARTICLE I
NAME

The name of this limited liability company is Clear Passage Therapies of Gainesville, LLC (the "Company").

ARTICLE II
DURATION

The Company shall commence effective upon filing of these Articles and shall have perpetual existence.

ARTICLE III
ADDRESS

The Company's mailing and street address is 6840 NE 225th Street, Melrose, Florida 32666.

ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

The initial registered agent of this Company shall be Lawrence J. Wurn. The street address of the initial registered office of the Company is 6840 NE 225th Street, Melrose, Florida 32666.

ARTICLE V
ADMISSION OF NEW MEMBERS

The members shall have the right to admit new member(s) to the Company. New members may come into the Company only upon unanimous agreement of the existing members or as otherwise stated in the Operating Agreement.

ARTICLE VI
CONTINUATION

The remaining members of the Company shall have the right 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 Company.

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**ARTICLE VII
MANAGEMENT**

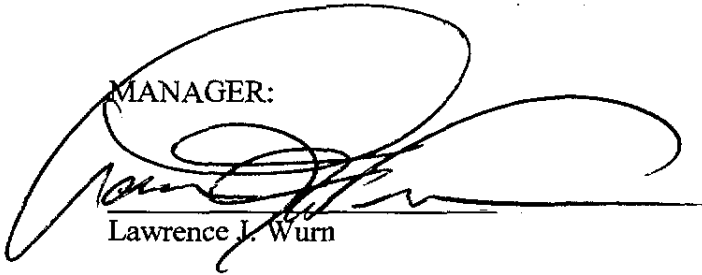
The Company shall initially be managed by the following person(s) who shall serve as managers until the first annual meeting of the members or until their successors are elected and qualify:

Name and Address

Lawrence J. Wurn
6840 NE 225th Street
Melrose, Florida 32666

THESE ARTICLES OF ORGANIZATION have been executed by the Member/Manager below this 23rd day of October, 2004.

MANAGER:



Lawrence J. Wurn

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/OFFICE

Pursuant to the provisions of Section 608.415, 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: Clear Passage Therapies of Gainesville, LLC

2. The name and address of the registered agent and office is:

Lawrence J. Wurn

Name

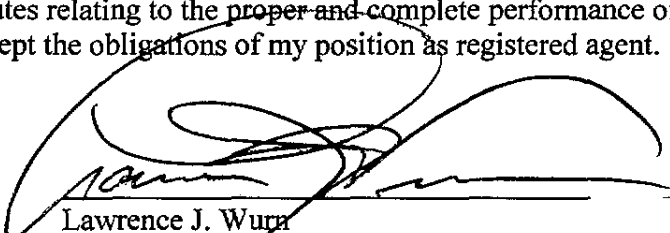
6840 NE 225th Street

Street Address

Melrose, Florida 32666

City, State, 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.



Lawrence J. Wurn
Registered Agent

Dated: 10-23-04