

W5000026797

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To:

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Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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LIMITED LIABILITY COMPANY
SOUTHEASTERN WELLNESS INSTITUTE, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY
SOUTHEASTERN WELLNESS INSTITUTE, L.L.C.**

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

ARTICLE I Name:

The name of the Limited Liability Company is: SOUTHEASTERN WELLNESS INSTITUTE, L.L.C., hereafter referred to as the "Company".

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTHUR N. HENSON, II
12241 N.W. 11th Street
Pembroke Pines, FL 33026

**ARTICLE III – Registered Agent, Registered Office,
& Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

ARTHUR N. HENSON, II
12241 N.W. 11th Street
Pembroke Pines, FL 33026

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 as provided in Chapter 608, F.S.


ARTHUR N. HENSON, II

DATE: February 23, 2005

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Article IV - Management

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this February 23, 2005.


ARTHUR N. HENSON, II, Manager

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

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