

FROM : WRIGHT & SHAW, P.A.
Division of Corporations

FAX NO. : (239) 542-9987

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Fax Number : (850) 205-0383

From:
Account Name : CHRISTINE F. WRIGHT, P.A.
Account Number : L20020000105
Phone : (239) 542-9955
Fax Number : (239) 542-9987

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LIMITED LIABILITY COMPANY

Infinity Spa & Boutique, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF
INFINITY SPA & BOUTIQUE, L.L.C.**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be INFINITY SPA & BOUTIQUE, L.L.C.

**ARTICLE II
PURPOSE**

This Limited Liability Company is created for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida or of the United States of America, as may be agreed upon by the members.

**ARTICLE III
PLACE OF BUSINESS AND REGISTERED AGENT**

The initial place of business and mailing address of this Limited Liability Company shall be 4427 SE 16th Place, #2, Cape Coral, FL 33904, and such other place or places as the members from time to time may determine.

The initial Registered Agent of the Limited Liability Company shall be Christine F. Wright, Esq., 4427 S.E. 16th Place, #2, Cape Coral, FL 33904.

**ARTICLE IV
MANAGEMENT OF BUSINESS**

This Limited Liability Company is to be managed by a manager or managers such that the company is to be a manager managed company.

**ARTICLE V
REGULATIONS**

At the time of executing these articles of organization, the members of the Limited Liability Company shall adopt regulations containing all provisions for the regulation and management of this company not inconsistent with law or these articles.

The power to alter, amend or repeal these regulations shall be vested in all the members of this company.

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IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 4th day of December, 2005.

WITNESSES

Nicola Williams
Printed Name: Nicola Williams

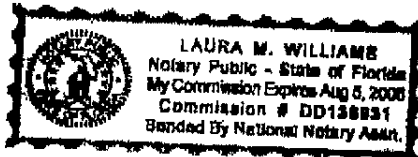
Christine F. Wright
Christine F. Wright, Authorized Representative of the Member

Laura M. Williams
Printed Name: LAURA M. WILLIAMS

STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that on this 7 day of November, 2005 before me, an officer duly qualified to take acknowledgements, personally appeared Christine F. Wright, who is personally known to me and who has executed the foregoing instrument, acknowledged before me that he executed the same, and who did not take an oath.

My commission expires: AUG. 5, 2006



Laura M. Williams
Notary Public, State of Florida

ACKNOWLEDGEMENT

Having been named to accept service of process for the above-stated Limited Liability Company at the place designated within the Articles of Organization, the undersigned hereby accepts to act in this capacity and agrees to comply with the provisions of § 608.415, Florida Statutes.

Christine F. Wright
Christine F. Wright, Esq.

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