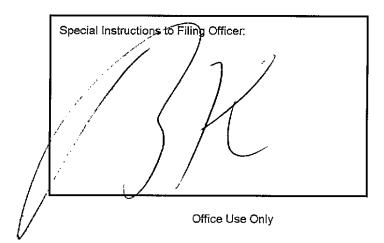
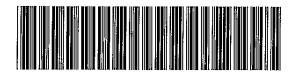
L05000121819

	(Requestor's Name)
	(Address -)
	(Address)
	(Address)
	` ,
	(City/State/Zip/Phone #)
PICK-UI	→ WAIT MAIL
_	- -
***************************************	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
- I	





200062317712



ACCOUNT NO. : 072100000032

REFERENCE: 774572 7511693

AU	THORIZATION Spullelenan	2
	COST LIMIT (\$\square\)130.00	9:08
ORDER DATE :	December 22, 2005	ORIGINAL DE
ORDER TIME :	3:41 PM	
ORDER NO. :	774572-005	
CUSTOMER NO:	7511693	
		
	DOMESTIC FILING	
NAME:	THERIAC ENTERPRISES OF YUCCA VALLEY, LLC	
	EFFECTIVE DATE:	
CERTIF	LES OF INCORPORATION FICATE OF LIMITED PARTNERSHIP LES OF ORGANIZATION	
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STANDING	
CONTACT PERSO	N: Doreen Wallace - EXT. 2928	- -

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

Theriac Enterprises of Yucca Valley, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

ARTICLE II - Address:

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

Frincipal Office Address:	Maning Audiess:	
2234 Colonial Blvd.	2234 Colonial Blvd.	
Ft Myers, Fl. 33907	Ft Myers, Fl. 33907	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DDM,LLC	
Nz	ime
2234 Colonial Blvd.	
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
Fort Myers, FL. 33907	FL 33907
City, Sta	ate, and 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 provistons 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 for in Chapter 608, F.S.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

í

<u>Title:</u> "MGR" = Manager "MGRM" = Managing !	Name and Address:
MGRM	DDM, LLC
	2234 Colonial Blvd.
	Ft Myers, Fl. 33907
	,
	V
	V
(Use attaclument if neces	ary)
LE V: Effective date, if	figer than the date of filing:
LE V: Effective date, if	ther than the date of filing: (OPT) date must be specific and cannot be more than five busines
LE V: Effective date, if c fective date is listed, the	ther than the date of filing: (OPT) date must be specific and cannot be more than five busines
LE V: Effective date, if c fective date is listed, the	ther than the date of filing: (OPT) date must be specific and cannot be more than five busines ng.)
LE V: Effective date, if of fective date is listed, the days after the date of file	ther than the date of filing: (OPT) date must be specific and cannot be more than five busines ng.)
LE V: Effective date, if of fective date is listed, the days after the date of file	figer than the date of filing: (OPT) date must be specific and cannot be more than five busines ng.)
LE V: Effective date, if of fective date is listed, the days after the date of file REOUIRED SIGNATU Signatur (In according to this description of this description is seen as a second of this description in the second of this description is described by the second of th	ther than the date of filing: (OPT) date must be specific and cannot be more than five busines ng.) RE: Caller Hawhal

Page 2 of 2

5125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)