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(((H06000112148-3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145
Phone : (305)444-4994
Fax Number : (305)444-4977

ADR 25 AM 10: 50

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIDWAY WELLNESS CENTER, LLC.

RECEIVED 6 APR 25 PM 2: 44 6:00 OF CORPORATION

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

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Corporate Filing Menu

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04/25/2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIDWAY WELLNESS CENTER, 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:

| Principal Office Address | : Mailing Address: | | |
|--|---|-------------|-------------|
| 225 NE 34TH ST | 225 NE 34TH ST | | |
| SUITE: 207 | SUITE: 207 | • | |
| MIAMI FL 33137 | MIAMI FL 33137 | | |
| (The Limited Liability Company or business entity with an active Flor | ed Agent, Registered Office, & Registered Agent's Signature: annot serve as its own Registered Agent. You must designate an individual or another rida registration.) street address of the registered agent are: PIERO MIRANDA | 2006 APR 25 | SECRETARY I |
| | Name | | 30 |
| \$ | 225 NE 34TH ST_SUITE: 207 | 0:5 | STATE |
| | Florida street address (P.O. Box NOT acceptable) | 0 | p. |
| | MIAMI FL 33137 | | |
| | City, State, 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 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 for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGRM | PIERO MIRANDA |
|--|--|
| | 225 NE 34TH ST SUITE: 207 |
| | MIAMI FL 33137 |
| | |
| | |
| | 2 |
| | 2006 APR |
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| | |
| | |
| (Use attachment if necessary) | AM 10: 50 |
| LEV: Effective date, if other than th | ne date of filing: (OPTIONAL) |
| ffective date is listed, the date must | be specific and cannot be more than five business days pri |
| days after the date of filing.) | |
| · | |
| REQUIRED SIGNATURE: | • • |
| | |

PIERO MIRANDA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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