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To:

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From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521 Phone : (954)527-2428

Fax Number

: (954)333-4001

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ocean Waves Day Spa, LLC

NO.	Certificate of Status Certified Copy Page Count Estimated Charge	1 1 02 \$160.00	
RECEED ED 06 JUN -6 JUN	Menu Corporate Filing	Menu	SECRETARY OF S Help TALLAHASSEE. FLO

ARTICLES OF ORGANIZATION OF OCEAN WAVES DAY SPA, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. <u>NAME</u>. The name of the Limited Liability Company is: OCEAN WAVES DAY SPA, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 247 Curlew Street, Ft. Myers Beach, FL 33931.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Jennifer Vickrey at 247 Curlew Street, Ft. Myers Beach, FL 33931.
- 4. <u>MEMBER-MANAGED</u>. The Company shall be managed by its members, and is thus a member-managed limited liability company.

The undersigned has executed these Articles of Organization on the ______ day of June, 2006.

Monifer Vickrey, Authorized Person

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SECRETARY OF STATE



CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED 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: OCEAN WAVES DAY SPA, LLC.
- 2. The name and address of the registered agent and office is:

Jennifer Vickrey 247 Curlew Street Ft. Myers Beach, FL 33931

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 its 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.

Jennifer Vidkrey, Registered Agent

Date: 6/6/06

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IN -6 AM II: 42 IETARY OF STATE HASSEE, FLORIDA