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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell JUL 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEARTS' PATH TO MINDFUL LIVING LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY ROBINSON

(Name of Person)

(Firm/Company)

40 BARKLEY CIRCLE, SUITE 3

(Address)

FORT MYERS, FLORIDA 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ROBINSON at (239) 277-0646
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEARTS' PATH TO MINDFUL LIVING 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:

40 BARKLEY CIRCLE, SUITE 3
FORT MYERS, FLORIDA 33907

Mailing Address:

40 BARKLEY CIRCLE, SUITE 3
FORT MYERS, FLORIDA 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:

MARY ROBINSON

Name

40 BARKLEY CIRCLE, SUITE 3

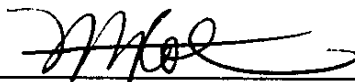
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS FL 33907

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Linda Jacobs

1531 Linhart Avenue

Fort Myers, FL 33901

MGRM

Kathy Leitch Fort Myers, FL 33919

14661 Lake Olive Drive

Fort Myers, FL 33919

MGRM

Mary Metts

9323 Knight Road

Bonita Springs, FL 34135

MGRM

Maggie Mullins

10100 Cypress Cove Dr., #170 Fort Myers 33908

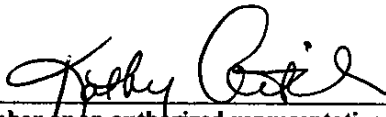
Fort Myers 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

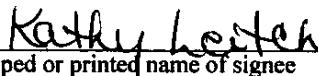
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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



Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Attachment

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S): Continued -

MGRM

Linda Pasterz
9165 Temple Road E
Fort Myers 33912

MGRM

Mary Robinson
5333 Fairfield Way
Fort Myers 33919

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TALLAHASSEE, FLORIDA.