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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS
OF STP | | PH 2: 17

J. BRYAN SEP 1 2 2006.

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT: The Healing Touch, LLC					
· —	(Name of Limite	d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Melanie L	uther.				
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·		
Anderson	& Badgley, P.L.				
		(Firm/Company)		06 SEP	9.Y.G
1270 Orange Avenue, Suite D					CRET
-		(Address)			FRY
Winter Park, FL 32789					N OF CORPORATIONS
	(City	/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	1 PH 2: 1	A
For further information	concerning this matter, please	anll.		1	SK(
Tor farther information (concerning this matter, prease	caii.			
Melanie Luther (Name of Person) at (407) 478-4600 (Area Code & Daytime Telephone Number)			00		
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check fo	r 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 Certificate of State Certified Copy (additional copy is end	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABI	LITY COMPANY
ADTICLE L. Name.		6 SI
ARTICLE I - Name:	:_	中蜀
The name of the Limited Liability Compa	any is:	THE COMPANY SECRETARY OF CORPORATION
The Healing Touch, LLC		PA POR
(Must end with the words "Limited Liability Company	"I imited Company" or their abbreviation "I I	
Company	, Dimited Company of their approvation DD	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
342 Oak Estates Drive	342 Oak Estates Drive	<u> </u>
Orlando, FL 32806	Orlando, FL 32806	
The name and the Florida street address of Jeffrey S. Badgley,		EFFECTIVE DATE
1270 Orange Aver	nue, Suite D	, .
Florida st	reet address (P.O. Box NOT acceptable)	
Winter Park	FL 32789	
	State, and Zip	
	ted in this certificate, I hereby accept apacity. I further agree to comply windete performance of my duties, and I as registered agent as provided for in a Signature (REQUIRED)	the appointment as th the provisions of all am familiar with and
	NTINUED)	
E2B	ge1of2	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Janice Reed 342 Oak Estates Drive Orlando, FL 32806 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 09/08/2006 . (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.) Janice Reed Typed or printed name of signee

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)