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(Requestor's Name)

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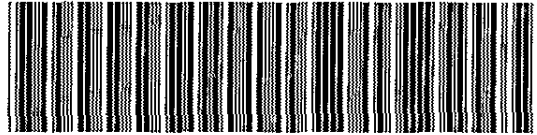
(Business Entity Name)

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RECEIVED
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 09-22-06

REF. #: 0164.57774

CORP. NAME: EDEN SPINE, LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518543 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – Name

The name of the Limited Liability Company is: **EDEN SPINE, LLC.**

ARTICLE II – Address

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

3942 Villas Green Circle
Longwood, FL 32779

ARTICLE III – Existence and Duration

The Limited Liability Company shall commence its existence on September 21, 2006 and its duration shall be perpetual.

ARTICLE IV – Management

The Limited Liability Company is to be managed by a manager and is therefore a manager-managed company. The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address</u>
Manager	Guillaume Viallaneix 3942 Villas Green Circle, Longwood, FL 32779
Manager	Randy Roof 2028 King Manor Drive Mathews, NC 28104

ARTICLE V – Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

9/21/2006

(Date)

Guillaume Viallaneix

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TALLAHASSEE, FLORIDA

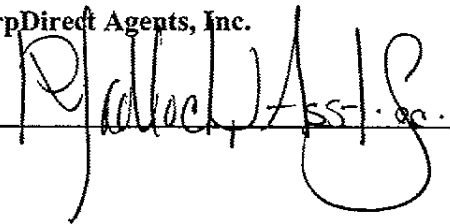
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

REGISTERED AGENT ACCEPTANCE:

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.

CorpDirect Agents, Inc.

By: _____

A handwritten signature in black ink, appearing to read "R. J. Adams", written over a horizontal line.

9-22-06

Date