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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

EFFECTIVE DATE

11/1/07

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HEALTH MATTERS ACCUPUNCTURE & SPA LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

HEALTH MATTERS ACCUPUNCTURE & SPA LLC

ARTICLE II ADDRESS

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

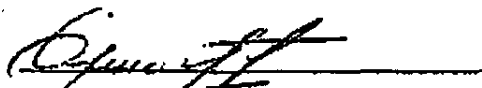
10327 LECON BRANCH CT
ORLANDO FL 32825

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

DJUNOT DESTINA
10327 LECON BRANCH CT
ORLANDO FL 32825

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / DJUNOT DESTINA

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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ARTICLE V

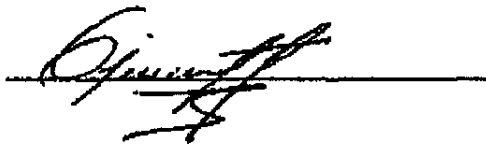
The name(s) and address(es) of the managing members of the LLC are:

DJUNOT DESTINA
Managing Member: 10327 LECON BRANCH CT
ORLANDO FL 32825

STEVE MOREAU
Managing Member: 549 SUN RIDGE PL #208
ALTAMONTE SPRINGS FL 32714

ARTICLE VI EFFECTIVE DATE

The EFFECTIVE DATE for this llc is: **JANUARY 1ST 2007**



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TALLAHASSEE, FLORIDA

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.)

DJUNOT DESTINA
Typed or printed name of signee

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