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Account Name : THE FLORIDA COMPANY
Account Number : 120060000001
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Complete Wellness 4 Life, LLC

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
Complete Wellness 4 Life, LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: **Complete Wellness 4 Life, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1507 Yardley Dr. Wesley Chapel, Florida 33543.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Robert Caylor, 1507 Yardley Dr, Wesley Chapel, Florida 33543

The Florida Incorporating Company, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Complete Wellness 4 Life, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Mark Schiff
Mark Schiff, AVP

Date: January 18, 2007

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