

LO7000043921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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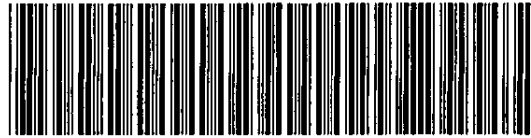
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# THERREL BAISDEN, P.A.

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OF COUNSEL  
SETH E. ELLIS

BOCA RATON OFFICE  
2385 EXECUTIVE CENTER DRIVE  
SUITE 190  
BOCA RATON, FLORIDA 33431

April 19, 2007

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Advanced Touch Therapies, LLC  
Our File No. 201117**

Gentlemen:

Enclosed herein are original Articles of Organization for the captioned limited liability company. We enclose a check in the amount of \$130.00 to cover the following costs:

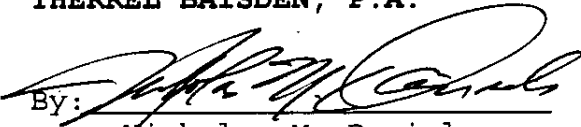
Filing Fee for Limited Liability Company	\$100.00
Registered Agent Designation	35.00
Certificate of status	5.00
Total for Corporation	<u>\$130.00</u>

Please return the certificate of status with your recording date acknowledging the filing of the documents to the undersigned.

With kindest regards,

Very truly yours,

THERREL BAISDEN, P.A.

By:   
Nicholas M. Daniels

NMD:ss  
Enclosure

**ARTICLES OF ORGANIZATION  
FOR  
ADVANCED TOUCH THERAPIES, LLC**

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**ARTICLE I  
Name**

The name of the Limited Liability Company is **ADVANCED TOUCH THERAPIES, LLC**.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 1865 NE 117 Road, North Miami, FL 33181.

**ARTICLE III  
Existence; Duration**

This limited liability company shall have a perpetual existence, unless dissolved according to law, commencing on the 18<sup>th</sup> day of APRIL, 2007.


**ARTICLE IV  
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Nicholas M. Daniels, Esq.

**ARTICLE V  
Manager-Managed Company**

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

The undersigned authorized representative of the members of **ADVANCED TOUCH THERAPIES, LLC**, hereby executes these articles of organization on this 18<sup>th</sup> day of APRIL, 2007.

  
NICHOLAS M. DANIELS, authorized  
representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **ADVANCED TOUCH THERAPIES, LLC**.
2. The name and the Florida street address of the registered agent and office are:

Nicholas M. Daniels, Esquire  
Therrel Baisden, P.A.  
SunTrust International Center  
One S.E. 3rd Avenue, Suite 2950  
Miami, Florida 33131

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.

  
NICHOLAS M. DANIELS

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