

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000057186  
FILED 8:00 AM  
May 30, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
CLINICAL HYPNOTHERAPY INSTITUTE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8401 SW 179 STREET  
PALMETTO BAY, FL. 33157

The mailing address of the Limited Liability Company is:  
8401 SW 179 STREET  
PALMETTO BAY, FL. 33157

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
TRESCOTT, DRUCKER & SCHOEN, P.L.  
2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL. 33134

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.

Registered Agent Signature: ROBERT L. TRESCOTT

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
J. CHRISTOPHER LEY  
8401 SW179 STREET  
MIAMI, FL. 33134

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05/29/2007

Signature of member or an authorized representative of a member

Signature: J. CHRISTOPHER LEY