

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

L07000065480  
FILED 8:00 AM  
June 21, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
OPTIMUM HEALTH MASSAGE ASSOCIATES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2625 KEYSTONE RD.  
A2  
TARPON SPRINGS, FL. 34688

The mailing address of the Limited Liability Company is:  
303 BAY ARBOR BLVD  
OLDSMAR, FL. 34677

**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:  
CHRISTINE M GORECKI  
303 BAY ARBOR BLVD  
OLDSMAR, FL. 34677

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: CHRISTINE M GORECKI

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CHRISTINE M GORECKI  
303 BAY ARBOR BLVD  
OLDSMAR, FL. 34677

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/21/2007

Signature of member or an authorized representative of a member

Signature: CHRISTINE M GORECKI