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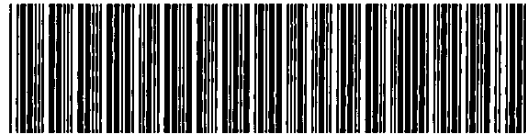
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Healing Arts Center, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria Austin

(Name of Person)

Medical Healing Arts Center, LLC

(Firm/Company)

3000 Marion County Road

(Address)

Weirsdale, FL 32195

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria Austin

(Name of Person)

at (352) 750-5500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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07 AUG -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2007

GLORIA AUSTIN
300 MARION COUNTY ROAD
WEIRSDALE, FL 32195

SUBJECT: MEDICAL HEALING ARTS CENTER, LLC
Ref. Number: W07000035737

FILED
07 AUG -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL HEALING ARTS CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 007A00046507

**ARTICLES OF ORGANIZATION
OF
MEDICAL HEALING ARTS CENTER, LLC**

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is MEDICAL HEALING ARTS CENTER, LLC.

Article 2. Registered Office and Registered Agent. The initial registered office of this limited liability company and the name of its initial registered agent at this address is:

GLORIA AUSTIN
3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

Article 3. Statement of Purposes. The purposes for which this limited liability company is organized are:

To create a venue and system for the delivery of healthcare services to improve the quality of life and wellness of its clients. The Company will operate a system of delivering preventive, healing and corrective procedures through the establishment of centers that integrates western and eastern (American and Oriental) medicine, and, eventually, will include fitness and nutrition disciplines.

Article 4. Management and Names and Addresses of Initial Member(s). The management of this limited liability company is reserved to the Owner(s)-Member(s). The names and addresses of its initial Owner(s)-Member(s) are:

GLORIA AUSTIN
3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

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TALLAHASSEE, FLORIDA

Article 5. Principal Place of Business of the Limited Liability Company. The principal place of business of the limited liability company shall be:

3000 Marion County Road
Weirsdale, FL 32195

Article 6. Period of Duration of the Limited Liability Company. The period of duration of the limited liability company shall be: Perpetual.

In Witness Whereof, the undersigned organizer(s) of this limited liability company has(have) signed these Articles of Organization on the date indicated.

Date: July 23, 2007

Signature(s):

Gloria Austin
Organizer

GLORIA AUSTIN
Typed or Printed Name

Organizer

Typed or Printed Name

Organizer

Typed or Printed Name

Organizer

Typed or Printed Name

Organizer

Typed or Printed Name

Organizer

Typed or Printed Name

07 AUG -3 PM 12:00
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TALLAHASSEE, FLORIDA

FILED

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company.

Gloria Austin
Signature