

L07000081264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

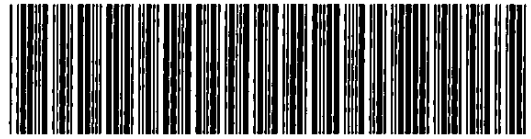
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200106892532

08/06/07--01025--019 **125.00

EFFECTIVE DATE
08/02/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG -7 PM 2:48

JB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUL JOURNEY 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:

Mary E. Dorak
(Name of Person)
CompuKeeper Inc.
(Firm/Company)
2298 NW 2nd Ave. Ste 20
(Address)
Boca Raton, FL 33431
(City/State and Zip Code)

FILED OF STATIONS
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 AUG 07 1 PM 2:18

For further information concerning this matter, please call:

Mary E. Dorak at (561) 368-7769
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 AUG -7 PM 2:48

ARTICLE I - Name:

The name of the Limited Liability Company is:

Soul Journey Center LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

65 Castle Harbour Isle
Ft. Lauderdale, FL 33308

c/o CompuKeeper
2298 NW 2nd Ave. Ste 20
Boca Raton, FL 33431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stacey Greene
Name

EFFECTIVE DATE
08/02/07

65 Castle Harbour Isle
Florida street address (P.O. Box **NOT** acceptable)

Ft Lauderdale FL 33308
City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

| | |
|------|---------------------------|
| MGRM | Stacey Greene |
| | 65 Castle Harbour Isle |
| | Ft. Lauderdale, FL 33308 |
| MGRM | Kelly Flanagan |
| | 505 NE 20th Ave. |
| | Deerfield Beach, FL 33441 |
| | |
| | |
| | |
| | |
| | |

FILED OF STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
01 AUG - 7 PM 2:48

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 2, 2007. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stacey Greene, MGRM
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)