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(Requestor's Name)

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(City/State/Zip/Phone #)

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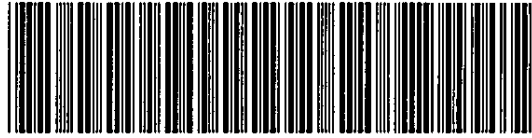
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TALLAHASSEE, FLORIDA

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PETER D. GRAHAM*
*BOARD CERTIFIED
REAL ESTATE ATTORNEY

September 11, 2007

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: WHY KNOT MASSAGE, LLC.

Gentlemen:

Enclosed please find an original and one copy of Articles of Organization and Certificate of Designation of Registered Agent/Registered Office for Why Knot Massage, LLC., and our check in the amount of \$125.00 to cover the filing fee and registered agent fee.

Please file the enclosed and return a copy of the Articles to me at your earliest convenience.

I thank you for your assistance. Should you have any questions, please do not hesitate to give me or my secretary, Crystal, a call.

Very truly yours,

ZACUR & GRAHAM, P.A.



PETER D. GRAHAM

PDG/cg
Enclosures

**ARTICLES OF ORGANIZATION
OF
WHY KNOT MESSAGE, LLC.**

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**ARTICLE I
NAME**

The name of the Limited Liability Company is WHY KNOT MESSAGE, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 4039 - 8th Avenue North, St. Petersburg, Florida 33713.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the Limited Liability Company's initial registered agent for service of process are SUSAN O. SMITH, 4039 - 8th Avenue North, St. Petersburg, Florida 33713.

**ARTICLE IV
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

EUGENE M. MYERS
9251 - 98th Avenue North
Seminole, FL 33777

SUSAN O. SMITH
4039 - 8th Avenue North
St. Petersburg, FL 33713

ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS

No person shall be admitted as a member of the Limited Liability company unless each member consents in writing to the admission.

ARTICLE VII
MEMBERS RIGHTS TO CONTINUE BUSINESS

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

Under penalties of perjury, the undersigned affirms that the facts stated herein are true.



SUSAN O. SMITH

**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 organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Limited Liability Company is WHY KNOT MASSAGE, LLC.
2. The name and address of the registered agent and registered office are SUSAN O. SMITH, 4039 - 8th Avenue North, St. Petersburg, Florida 33713.

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 positions as registered agent.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Dated this 11th day of September, 2007.



SUSAN O. SMITH

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