

LD8600020127



Mr. Michael Ferraro  
196 E. Nine Mile Rd. Ste. E.  
Pensacola, FL 32534-3119

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

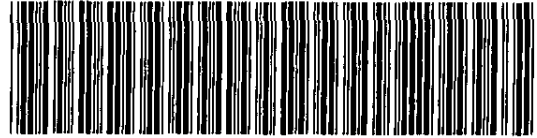
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/25/08--01025--008 \*\*125.00

EFFECTIVE DATE

2/19/08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 FEB 25 PM 1:54

FILED

N. Sullivan

FEB 26 2008

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MindSpa Wellness Centers 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:

6800 Fort Deposit Dr.  
Pensacola, FL 32526

#### Mailing Address:

6800 Fort Deposit Dr.  
Pensacola, FL 32526

### 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 a business entity with an active Florida registration.)

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

Mahara Tucker

Name

6800 Fort Deposit Dr.

Florida street address (P.O. Box **NOT** acceptable)

Pensacola, FL 32526

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..*

X Mahara Tucker  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

**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:**

MGR

Mahara Tucker

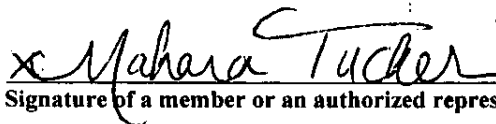
6800 Fort Deposit Dr.

Pensacola, FL 32526

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02-19-08. (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.)

**Mahara Tucker**

Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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)**