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Account Number : I20070000160 Phone : (800)494-3124

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Ideal Life Hypnosis Center, LLC

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**EXAMINER** 

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

### ARTICLE I NAME

The name of the Limited Liability Company is:

IDEAL LIFE HYPNOSIS CENTER, LLC

### ARTICLE II ADDRESS

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

2101 VISTA PARKWAY, SUITE 126

WEST PALM BEACH, FL 33411

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

KARIN A. CRENSHAW 895 GAZETTA WAY

WEST PALM BEACH, FL 33143

Having been named as registered agent 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 complywith 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..

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KARIN A. CRENSHAW / Registered Agent's signature

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PAGE 2

IDEAL LIFE HYPNOSIS CENTER, LLC

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER: KARIN A. CRENSHAW 895 GAZETTA WAY WEST PALM BEACH, FL 33143

MANAGING MEMBER: JOHN H. GRAHAM 895 GAZETTA WAY WEST PALM BEACH, FL 33143

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.

JOHN H. GRAHAM

Typed or printed name of signee