

Jul 22 2008 1:30PM

CSH SERVICES

15612422812

L08000070319

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000178314 3)))



H080001783143ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

08 JUL 22 AM 8:44  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

08 JUL 22 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
THE RELAXATION STATION MASSAGE THERAPY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JUL 23 2008

EXAMINER

H-08006178314-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

THE RELAXATION STATION MASSAGE THERAPY, L.L.C.

**ARTICLE II ADDRESS**

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

2964 WILD PECAN CT  
PORT ORANGE, FLORIDA 32129

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE,  
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT, INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FLORIDA 33411

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 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.

*Tina Maki* TINA MAKI PRES 7/22/08  
A1A REGISTERED AGENT, INC. / Registered Agent's signature

08 JUL 22 AM 8:01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PAGE 2

THE RELAXATION STATION MASSAGE THERAPY, L.L.C.

H-08000178314.3

**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)**

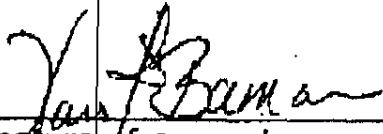
MANAGING MEMBER

KAREN BORMAN

2964 WILD PECAN CT

PORT ORANGE, FLORIDA 32129

X



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.

KAREN BORMAN