Electronic Articles of Organization
For
Florida Limited Liability Company

L09000016495
FILED 8:00 AM
February 18, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

PAIN RELIEF RESTORATIVE MASSAGE PLLC

Article II

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

393 CENTER POINTE CIRCLE
SUITE 1459
ALTAMONTE SPRINGS, FL. US 32701

The mailing address of the Limited Liability Company is:

393 CENTER POINTE CIRCLE
SUITE 1459
ALTAMONTE SPRINGS, FL. US 32701

Article III

The purpose for which this Limited Liability Company is organized is:

LICENSED HEALTH CARE NEUROMUSCULAR THERAPIST.

Article IV

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

BRENDA I RIVERA
393 CENTER POINTE CIRCLE
SUITE 1459
ALTAMONTE SPRINGS, FL. 32701

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.

Registered Agent Signature: BRENDA I. RIVERA

Article V

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The name and address of managing members/managers are:

Title: MGRM
HEATHER L CURTIS
393 CENTER POINTE CIRCLE SUITE 1459
ALTAMONTE SPRINGS, FL. 32701 US

Signature of member or an authorized representative of a member

Signature: HEATHER L. CURTIS