000021779

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.

(((H09000052104 3)))



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 Account Number: 105256001620

: BUSINESS FILINGS

Phone

: (608)827-5300

Fax Number

: (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

My Foot Care Help LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filting Manual Help

MAR - 6 2009

EXAMINER

3/5/2009

FAX AUDIT # H09000052104 3

ARTICLES OF ORGANIZATION OF My Foot Care Help LLC

ARTICLE I

NAME

The name of the limited liability company shall be: My Foot Care Help LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 499 East Palmetto Park Blvd., Suite 206, Boca Raton, Florida 33432.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kevin Palmer, 499 East Palmetto Park Blvd., Suite 206, Boca Raton, Florida 33432. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Kevin Palmer, 5933 W. Hillsboro Blvd., #181, Parkland, Florida 33067

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: February 26, 2009

WI 53717

(608) 827-5300

NWILL

SECRETARY OF STATE DIVISION OF CORPORATION

09 MAR -5 AN 8: 16

FAX AUDIT # 4090000 52109 3

FAX AUDIT # 4690000 52/04 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: My Foot Care Help LLC

The name and address of the registered agent and office is Kevin Palmer, 499 East Palmetto Park Blvd., Suite 206, Boca Raton, Florida 33432. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Kevin Pallmer

Date: 3/z/09

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 MAR -5 AM B. IC

FAX AUDIT # 409000052104 3