

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

MAR 17 2009

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone

: (800)494-3124

Fax Number

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EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DUSTY FOOT ACUPUNCTURE CLINIC, LLC

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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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:

DUSTY FOOT ACUPUNCTURE CLINIC, LLC

ARTICLE II ADDRESS

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

927 CAPE COD CIRCLE VALRICO, FLORIDA 33594

<u>ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE</u>

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.

AIA REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2 DUSTY FOOT ACUPUNCTURE CLINIC, 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
DEVON LINTON
927 CAPE COD CIRCLE
VALRICO, FLORIDA 33594

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.

DEVON LINTON

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