

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

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
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FLORIDA/FOREIGN LIMITED LIABILITY **SELLERS**

HEALING POINTE ACUPUNCTURE, LLC

MAY - 4 2009

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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:

HEALING POINTE ACUPUNCTURE, LLC

**ARTICLE II      ADDRESS**The mailing address and street address of the principal office of the  
Limited Liability Company is:80 FORTENBERRY ROAD  
MERRITT ISLAND, FLORIDA 32952**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.

x Smallmark Tina M. M. P. 5/1/03  
A1A REGISTERED AGENT INC. / Registered Agent's signature

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**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

MEGAN N WATSON, DOM

4961 HAMLIN CIRCLE

MIMS, FLORIDA 32754

MANAGING MEMBER

JEFFREY WATSON

4961 HAMLIN CIRCLE

MIMS, FLORIDA 32754

MANAGING MEMBER

DONNA WATSON

4961 HAMLIN CIRCLE

MIMS, FLORIDA 32754

MANAGING MEMBER

SAMANTHA WATSON

4961 HAMLIN CIRCLE

MIMS, FLORIDA 32754

.....

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.

MEGAN N WATSON, DOM

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