## Electronic Articles of Organization For Florida Limited Liability Company

L09000059061 FILED 8:00 AM June 17, 2009 Sec. Of State dbruce

#### Article I

The name of the Limited Liability Company is: MAI KAI MASSAGE THERAPY, LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is: 4529 HIDDEN SHADOW DRIVE

4529 HIDDEN SHADOW DRIVE TAMPA, FL. 33614

The mailing address of the Limited Liability Company is:

4529 HIDDEN SHADOW DRIVE TAMPA, FL. 33614

#### **Article III**

The purpose for which this Limited Liability Company is organized is: PROFESSIONALLY CERTIFIED MASSAGE THERAPY

### **Article IV**

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

KRISTEN D DUFFY 4529 HIDDEN SHADOW DRIVE TAMPA, FL. 33614

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: KRISTEN D DUFFY

# Article V

The name and address of managing members/managers are:

Title: MGR KRISTEN D DUFFY 4529 HIDDEN SHADOW DRIVE TAMPA, FL. 33614

Signature of member or an authorized representative of a member

Signature: KRISTEN D DUFFY

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