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

L. SELLERS

JUN 19 2009

From:
Account Name : CSH SERVICES, LLC
Account Number : I200700C016C
Phone : (800) 494-3124
Fax Number : (561) 455-9885

EXAMINER**FLORIDA/FOREIGN LIMITED LIABILITY CO.****TRU WELLNESS THERAPIES, LLC**

Certificate of Status	0
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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:

TRU WELLNESS THERAPIES, LLC

ARTICLE II ADDRESS

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

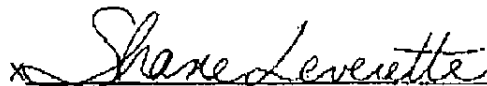
2697 DELLWOOD AVENUE
JACKSONVILLE, FLORIDA 32204

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SHANE LEVERETTE
2697 DELLWOOD AVENUE
JACKSONVILLE, FLORIDA 32204

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.



SHANE LEVERETTE / 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

SHANE LEVERETTE

2697 DELLWOOD AVENUE

JACKSONVILLE, FLORIDA 32204

.....


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.

SHANE LEVERETTE

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