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(Address)

(Address)

(City/State/Zip/Phone #)

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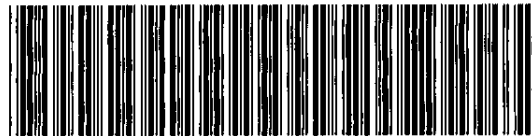
(Business Entity Name)

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MAR 12 2010  
**EXAMINER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 11 PM 1:18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pinnacle Massage Therapy, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart E. Goldberg

Name of Person

Law Offices of Stuart E. Goldberg, P.L.

Firm/Company

Post Office Box 12458

Address

Tallahassee, FL 32317

City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart E. Goldberg

Name of Person

at ( 850 ) 222-4000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION

OF

### PINNACLE MESSAGE THERAPY, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 11 PM 1:18

The undersigned, under the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

#### **Article I. Name**

The name of this limited liability company is Pinnacle Massage Therapy, L.L.C. ("the Company").

#### **Article II. Duration**

Unless earlier terminated under the law or the Operating Agreement, the duration of the Company shall be perpetual.

#### **Article III. Address of Principal Office**

The street address and the mailing address of the principal office of the Company is 3465 Chatelaine Court, Tallahassee, Florida 32308.

#### **Article IV. Initial Registered Agent and Address**

The name and street address of the initial registered agent of the Company is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

#### **Article V. Admission of Additional Members**

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or to become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

#### **Article VI. Members' Rights to Continue Business**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company, provided that all remaining members consent to the continuation and there is at least one remaining member.

### **Article VII. Management**

Management of the Company shall be reserved to the members. The names and address of the managing member of the Company are:

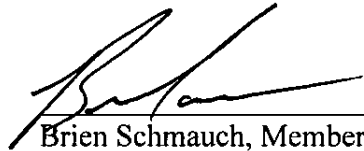
**Brien Schmauch**  
3465 Chatelaine Court  
Tallahassee, Florida 32308

### **Article VIII. Indemnification**

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent possible under the law.

Under penalties of perjury, I, Brien Schmauch, declare that I have read the foregoing Articles of Organization and the facts stated in it are true.

Signed at Tallahassee, Leon County, Florida, on the 10<sup>th</sup> day of March, 2010.

  
Brien Schmauch, Member

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes (2008), the undersigned limited liability 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.

1. The name of the limited liability company is Pinnacle Massage Therapy, L.L.C.
2. The name and address of the registered agent and office is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed at Tallahassee, Leon County, Florida, on the 10 day of March, 2010.

  
\_\_\_\_\_  
Stuart E. Goldberg