

05/13/2010 12:07 FAX

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((H10000113834 3)))



H100001138343ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561) 842-3000
Fax Number : (561) 842-3626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: myposner@warddamon.com

S. HAWKES

MAY 14 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 13 PM 1:01

RECEIVED

OK Ren
BT TO
use this
sheet

L10000052171

003

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 13 AM 9:54
FILED

5/11/2010 11:22 AM

Q5/13/2010 12:46 FAX

002

850-617-8381

5/12/2010 11:54:38 AM PAGE 1/001 Fax Server



May 12, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WARD, DAMON & POSNER, P.A.

SUBJECT: HOLISTIC LIVING, LLC
REF: W10000023142

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000113834
Letter Number: 310A00011985

P.O BOX 6327 - Tallahassee, Florida 32314

Fax Audit No.: H10000113834 3

**ARTICLES OF ORGANIZATION
OF
HOLISTIC LIVING, LLC**

FILED
MAY 13 AM 9:54
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, pursuant to the Florida Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

HOLISTIC LIVING, LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY

The mailing address of the business of this Limited Liability Company is 4420 Beacon Circle, West Palm Beach, Florida 33407 and the principal place of business of this Limited Liability Company is 4420 Beacon Circle, West Palm Beach, Florida 33407.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, Suite 100, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Ward, Damon, Posner, Pheterson & Bleau, P.L.

Prepared by: Michael J Posner, Esq.
4420 Beacon Circle, Suite 100
West Palm Beach, Florida 33407
Bar No: 525685 ♦ Phone: 561/842-3000

Fax Audit No.: H10000113834 3

Fax Audit No.: H10000113834 3

ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The names and addresses of the initial manager as follows:

Kathryn Lippman 4420 Beacon Circle
West Palm Beach, Florida 33407

DATED this 11th day of May, 2010.

By: Michael J Posner
Michael J Posner, Organizer
(In accordance with Florida Statutes §608.408(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

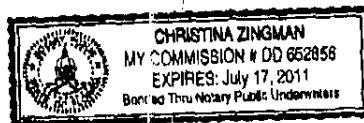
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Michael J Posner, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 11th day of May, 2010.

Notary Public

Sign: Christina Zingman

My Commission Expires:



Prepared by: Michael J Posner, Esq.
4420 Beacon Circle, Suite 100
West Palm Beach, Florida 33407
Bar No: 525685 ♦ Phone: 561/842-3000

Fax Audit No.: H10000113834 3

Fax Audit No.: H10000113834

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**


FILED
10 MAY 13 AM 9:54
TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for **HOLISTIC LIVING, LLC**, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: May 11, 2010.

Ward, Damon. Posner,
Pheterson & Bleau, P.L.

By: 
Michael J Posner, Manager
4420 Beacon Circle, Suite 100
West Palm Beach, Florida 33407