L10000069143

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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10 JUN 28 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE

JUN 29 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
         Division of Corporations

SUBJECT: ___REGENERATION MASSAGE THERAPY LLC___
<div align="center">Name of Limited Liability Company</div>

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

Please return all correspondence concerning this matter to the following:

___BRYAN JOSEPH THOMAS___
<div align="center">Name of Person</div>

___REGENERATION MASSAGE THERAPY LLC___
<div align="center">Firm/Company</div>

___4214 W. CULBREATH AVE___
<div align="center">Address</div>

___TAMPA, FLORIDA   33609___
<div align="center">City/State and Zip Code</div>

___BRYaN THomAS 18 @ GMAIL. COm___
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

___BRYAN THomAS___ at (_8/3_) _785-4320_
<div align="center">Name of Person   Area Code & Daytime Telephone Number</div>

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☒ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

<table>
<tr><td>

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

</td><td>

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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</table>

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

REGENERATion MASSAGE THERApy LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **Mailing Address:**

4214 W. CulBREATH Ave   _4214 W. CulBreATH Ave_
TAmPA, FLoRIDA   _TAmPA, FLoRIDA_
_33609_   _33609_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRYAN J. THomAS
Name

4214 W. CuL BreATH AVE
Florida street address (P.O. Box **NOT** acceptable)

TAmPA, FL _33609_
City, State, and Zip

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 as provided for in Chapter 608, F.S..

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

M G R

BRYAN J. THOMAS
4214 W. CULBREATH AVE
TAMPA FLORIDA
33609

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature

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.)

BRYAN J. THOMAS
Typed or printed name of signee

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10 JUN 28 PH 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation
          of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)