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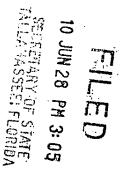
(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
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. Certified Copies	Certificate	e of Statue
	Commonic	3 Ci Otatus
Special Instructions to	Filing Officer:	

Office Use Only



400182628124

or officer -



D. BRUCE

JUN 29 2010

EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations			
SUBJE	ест: <i>R</i>	EGENERATI	ON MASSAG	FE THERA.	PY LLC
			ted Liability Company		
The en	closed Article	es of Organization and fee(s) are	submitted for filing.		
Please	return all corr	respondence concerning this ma	tter to the following:		
	BRY	AN JosePA	H THOMAS Name of Person		-
,	REG	ENERATION	MASSAGE Firm/Company	THERAPY	40
	4214	W. CULB	PREHTH AV	E	-
-	TAN	nPA, FLOR	ty/State and Zip Code 95 18 6 6 M for future annual report notification)	3609	-
-	BRY	E-mail address: (to be used	95 /8 @ G/M for future annual report notification)	AIL. Com	
For furt	her informati	on concerning this matter, pleas	e call:	 \$	
BR)	VAN Na	THOMAS me of Person	at (8/3) 78 Area Code & Daytime Tele	5-4320 ephone Number	
Enclos	ed is a check	for the following amount:			-
□\$125.6	00 Filing Fe	e \$\square\$\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)		O
		Mailing Address	Street/Courier Address		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **REGENERATION** MASSAGE THERRY** 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:**

42/4 W. CUBREATH AVE 42/4 W. CUBREATH AVE

TAMPA, FLORIDA

33609

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Lightlity Company cannot serve as its own Registered Agent. You must designate an individual or another.

(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 BICATH AVE

Florida street address (P.O. Box NOT acceptable)

TAMPA

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:** nature 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.)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

Typed or printed name of signee