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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.
888 TERAPIA, LLC.**

T. CLINE

JUN 30 2010

EXAMINER

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

H/ 0000 151 0483.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

888 TERAPIA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

888 TERAPIA, LLC.

ARTICLE II - ADDRESS

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

**1313 SW 22 ST STE B
MIAMI, FL. 33145**

The mailing address shall be:

**P.O. BOX 43-0771
MIAMI, FL. 33243**

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ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

ROY CANIZARES

1313 SW 22 ST STE B

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

MIAMI, FL. 33145
City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

H/ 0000 151 0483.

H1 0000 1510483.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ROY CANIZARES
1313 SW 22 ST STE B
MIAMI, FL. 33145

MANAGER

THAIS CANIZARES
1313 SW 22 ST STE B
MIAMI, FL. 33145

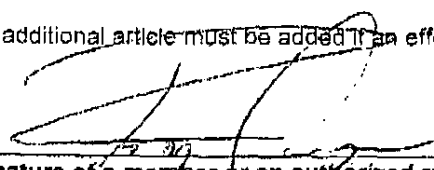
MANAGER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(An additional article must be added if an effective date is requested)


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.)ROY CANIZARES

Typed or printed name of signee

H1 0000 1510483.