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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company Name of Limited Liability Company
The e	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Douglas M, FKE Name of Person
	The FEE Group INC Firm/Company
	154 PAN AM AVE
	City/State and Zip Code FEE GNOWP @ and . Com E-mail address: (to be used for future innual report notification)
For fu	orther information concerning this matter, please call:
	Doug Fee at (239) 513-1040 Area Code & Daytime Telephone Number
Enclo	osed is a check for the following amount:
\$125	5.00 Filing Fee Certificate of Status □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

FLORIDA LIMITED LIABILTY COMPANY

FILED

ARTICLES OF ORGANIZATION

10 JUL 19 PM 3: 06

OF

SEURETARY OF STATE TALLAHASSEE, FLORIDA

FEEL THE DIFFERENCE MASSAGE THERAPY, LLC,

The undersigned subscriber, Diane Marie, competent to contract for the purpose of forming a Limited Liability Company under the laws of the state of Florida, adopts the following Articles of Organization:

ARTICLE I

The name of the Limited Liability Company is: Feel The Difference Massage Therapy, LLC

ARTICLE II

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and the state of Florida.

ARTICLE III

The principle place of business of this Limited Liability Company shall be located at 12313 Londonderry Lane, Bonita Springs, Florida 34135. The Limited Liability Company may have such other places of business within and without the state of Florida, or in foreign countries as may be necessary or convenient, as may be determined by the stockholders of the company.

ARTICLE IV

The name and mailing address of the first Manager or Managing Member of this Limited Liability Company who shall hold position for the first year of existence of the company or until his successor(s) is elected and qualified is:

> Diane Marie – Managing Member (MGRM) 12313 Londonderry Lane Bonita Springs, Florida 34135

> > ARTICLE V

The registered office for the company in the State of Florida is to be located at 12313 Londonderry Lane County of Lee, State of Florida. The registered agent in charge thereof is Diane Marie, located 12313 Londonderry Lane, Bonita Springs, Florida 34135, County of Lee.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17th day of June, 2010.

Diane Marie - Managing Member

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

Pursuant to Chapter 608, Florida Statutes, the following is submitted in compliance with said act:

FIRST, Feel The Difference Massage Therapy, desiring to organize under the laws of the state of Florida, with its principle office as indicated in the in the Articles of Organization, County of Lee, State of Florida, has named Diane Marie, located at 12313 Londonderry Lane, Bonita Springs, Florida 34135 County of Lee as its agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Limited Liability Company, at place designated in this certificate, I, Diane Marie hereby accept to act in this capacity and agree to comply with the provision of said act relative to keeping open said office.

Diane Marie

SECRETARY OF STATE

FILED