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

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Account Name : CSH SERVICES, LLC
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**FLORIDA LIMITED LIABILITY CO.
Gallant Acupuncture & Wellness, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

GALLANT ACUPUNCTURE & WELLNESS, LLC

ARTICLE II ADDRESS

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

306 OAK LANE PASS
OCALA, FLORIDA 34472

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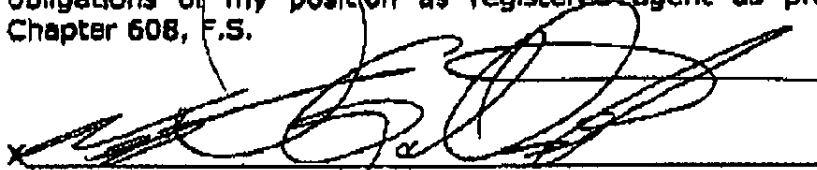
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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

NEWTON GALLANT
306 OAK LANE PASS
OCALA, FLORIDA 34472

Having been named as registered agent 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.



NEWTON GALLANT / Registered Agent's signature

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PAGE 2 GALLANT ACUPUNCTURE & WELLNESS, LLC

ARTICLE IV MANAGEMENT

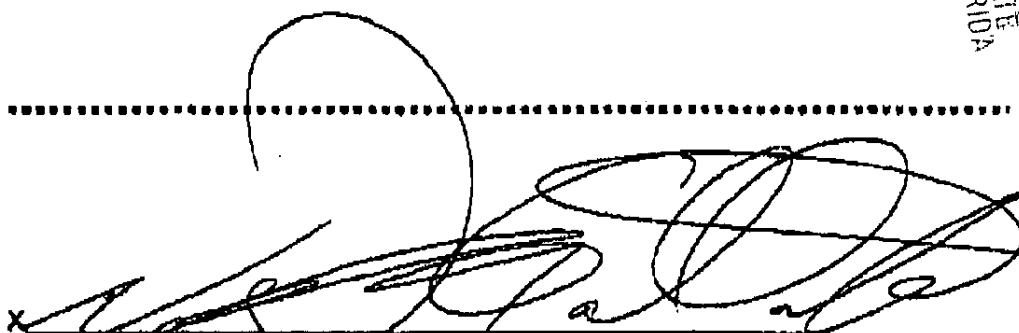
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
NEWTON GALLANT
306 OAK LANE PASS
OCALA, FLORIDA 34472

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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.

NEWTON GALLANT

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