

#L11000053489

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No. 91

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Account Name : WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
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**FLORIDA LIMITED LIABILITY CO.  
THE HEALING PLACE YOUR HOLISTIC SOURCE, LLC**

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May 3, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.

SUBJECT: THE HEALING PLACE YOUR HOLISTIC SOURCE, LLC  
REF: W11000024266

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen A Saly  
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May. 5. 2011 10:47AM

No. 2991 P. 3  
(((H11000119525 3)))

**ARTICLES OF ORGANIZATION  
OF  
THE HEALING PLACE YOUR HOLISTIC SOURCE, LLC  
A Florida Limited Liability Company**

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FILED  
11 MAY -5 AM 8:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name**

The name of the limited liability company (hereinafter referred to as the "Company") is:

THE HEALING PLACE YOUR HOLISTIC SOURCE, LLC

**ARTICLE II — Address**

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

4489 West Horseshoe Drive  
Pine Ridge, Florida 34465

**ARTICLE III — Registered Agent**

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

Patricia G. Kallenbach  
4489 West Horseshoe Drive  
Pine Ridge, Florida 34465

**ARTICLE IV — Management**

The Company is to be managed by its members, and is therefore a member-managed limited liability company. The name and address of the initial managing member of the Company is as follows:

**Name:**

Patricia G. Kallenbach

**Address:**

4489 West Horseshoe Drive  
Pine Ridge, Florida 34465

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**ARTICLE V — Operating Agreement**

Any Operating Agreement as defined in Section 608.402(24) of the Florida Limited Liability Company Act ("FLLCA"), relating to the Company, must be in writing and signed by all of its members.


**ARTICLE VI — Limitation on Agency Authority of Members**

Pursuant to Section 608.4235 of FLLCA, no member of the Company shall be an agent of the Company solely by virtue of being a member.

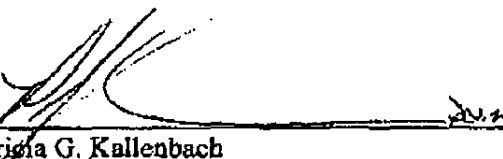
**ARTICLE VII — Date of Existence**

Pursuant to Section 608.409(1) of FLLCA, the existence of the Company shall commence effective upon the acceptance of the filing hereof by the Florida Department of State.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3rd day of May, 2011.

  
\_\_\_\_\_  
Patricia G. Kallenbach, Authorized Representative

In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Patricia G. Kallenbach


May. 5. 2011 10:48AM

No. 2991 P. 5  
(((H11000119525 3)))

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for THE HEALING PLACE YOUR HOLISTIC SOURCE, LLC at the place designated in this statement below. 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 under Chapter 608, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent this 3rd day of May, 2011.

  
\_\_\_\_\_  
Patricia G. Kallenbach, Registered Agent  
4489 West Horseshoe Drive  
Pine Ridge, Florida 34465

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Patricia G. Kallenbach

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