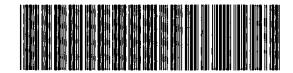
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SECRE LANGE STATE

B. BOSTICK
MAY 2 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACW Healing Touch	•	
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Angelica Cozo Wilson		
	Name of Person	
ACW Healing Touch		
	Firm/Company	
14162 Colonial Grand Boul	evard, Apt. 1402	
, , , , , , , , , , , , , , , , , , , ,	Address	
Orlando, Florida 32837		
City	y/State and Zip Code	
bebecoz1@cfl.rr.com		
E-mail address: (to be used for	or future annual report notification)	SEU 3
For further information concerning this matter, please	call:	1 KAY 24
Angelica C. Wilson	at (407) 575-7147	; L
Name of Person	Area Code & Daytime Telephone Number	AH IO: 2
Enclosed is a check for the following amount:		27 AIE
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee &	\$155.00 Filing Fee & \$\sqrt{\$160.00 Filing Fe}\$	
Certificate of Status	Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	ıs &
	(additional copy is end	closed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔR	TICI	.E. I	_ N	ame:
ΑК			- 17	amc.

The name of the Limited Liability Company is:

ACW Healing Touch, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

· · · · · · · · · · · · · · · · · · ·	
14162 Colonial Grand Boulevard	14162 Colonial Grand Boulevard
Apt. 1402	Apt. 1402
Orlando, Florida 32837	Orlando, Florida 32837

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

(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:

William E. W	/ilson	£° =	
Name		COR MAY	er verej
14162 Colonial Grand Bl. Apt. 1402		AY 24 HASS	ا کا معیدوہ معیدرہ
Fl	orida street address (P.O. Box NOT acceptable)	rri-".	ا پرچين او او
Orlando	_{FL} 32837	FE	y selvent
	City, State, and Zip	J: 27 TATE ORIDA	

Mailing Address:

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Angelica Cozo Wilson 14162 Colonial Grand Boulevard, Apt. 1402 Orlando, Florida 32837
with the last the first the contract of the state of the	Per -
	SECRETARY 24 AH I
(Use attachment if necessary)	AH 10: 27 EE, FLORIDA
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties in a document to the Department of State as provided for in s.817.155, F.S.)
Angelica Cozo	
Тур	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	