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FLORIDA LIMITED LIABILITY CO.
HEALING HANDS CHIROPRACTIC WELLNESS CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALING HANDS CHIROPRACTIC WELLNESS CENTER, LLC.

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

ARTICLE II - Address:

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

**2415 SOUTH BABCOCK STREET, SUITE C,
MELBOURNE, FL 32901**

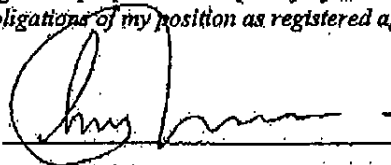
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**OLUWASEUN AWOBUSUYI
2415 SOUTH BABCOCK STREET, SUITE C,
MELBOURNE, FL 32901**

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.



OLUWASEUN AWOBUSUYI / Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager
"MGRM" = Managing Member

OLUWASEUN AWOBUSUYI MGRM
2415 SOUTH BABCOCK STREET, SUITE C,
MELBOURNE, FL 32901

ARTICLE V: Effective date, if other than the date of filing: AUGUST 3RD, 2011

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

OLUWASEUN AWOBUSUYI

Typed or printed name of signer

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