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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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Fax Number : (561) 455-9885

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**FLORIDA LIMITED LIABILITY CO.
Be Swell Massage and Bodywork, LLC**

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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.

ARTICLE I NAME

The name of the Limited Liability Company is:

BE SWELL MASSAGE AND BODYWORK, LLC

ARTICLE II ADDRESS

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

822 LIVE OAK ST
NEW SMYRNA BEACH, FL 32168

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

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

MATTHEW COLLOM
822 LIVE OAK ST
NEW SMYRNA BEACH, FL 32168

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.

x 
MATTHEW COLLOM / Registered Agent's signature

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PAGE 2 BE SWELL MASSAGE AND BODYWORK, 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)

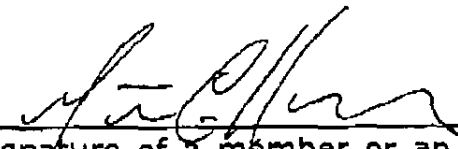
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MATTHEW COLLOM

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NEW SMYRNA BEACH, FL 32168

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X 

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.

MATTHEW COLLOM