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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**  
**Lotus Therapy, LLC**

Certificate of Status	0
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N. Culligan JUN 28 2012

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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:

LOTUS THERAPY, LLC

**ARTICLE II ADDRESS**

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

650 NE 64TH TERRACE # 10  
MIAMI, FL 33138

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

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

JULIE WEAVER  
1705 WEST 49TH ST # 1048  
HIALEAH, FL 33012

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

  
JULIE WEAVER / Registered Agent's signature

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**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

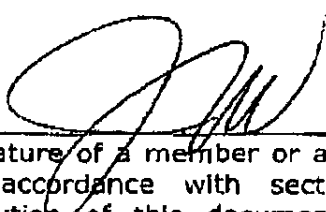
JULIE WEAVER

650 NE 64TH TERRACE # 10

MIAMI, FL 33138

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TALLAHASSEE, FLORIDA

.....  
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.

JULIE WEAVER

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