Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850) 617-6383						
	From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.: Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440						
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:							
	FLORIDA LIMITED LIABILITY CO.						
i	PLANET BEACH HEALTH AND WELLNESS SPA, LLC Certificate of Status Certified Copy Page Count Page Count A						
	Page Count Estimated Charge S13 00 A. LUNT La 23 2011 EXAMINER						
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Planet Beach Health and Wellness Spa, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7441 Wayne Ave, 6-D

Miami Beach, FL 33141

16850 Collins Avenue, Suite 112 # 537

Sunny Isles, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sunstant (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Plorida registration.)

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

Aracelis Jeannette Aguilar

Name

3842 NE 166th St.

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33160

33160

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated likited 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) Page 1 of 2

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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:

Title:		Name and Address:	The same	>
"MGR" = Manager			~~~~	7912
"MGRM" = Managing Member			≥≥	
MGRM		Aracelis Jeannette Aguitar	- Prom. may 4	22
		3842 NE 1660 St. Miami, FL 33160	X	0 7
			rio,	亚
MGRM	,	Araceli Gonzalez	10F	-
	. '	7441 Wayne Ave.	- <u>- 3</u> -	5
		Miami Beach, Ft. 33141	16-	
			<u> </u>	
			<u></u>	
(Use attachment if necessary)				
TO W. D. Difference date of other than t	ho dati	and Filing: 7/20/2012	(OPTIO	NAL)

ARTICLE V: Effective date, if other than the date of filing: 1/20/2012 (OPTIONAL)

(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 688.408(3), Florida Statutes, the execution of this document conditions an affirmation under the penalties of paying that the facts stated herein are true.)

Aracelis Jeannette Aguilar

Typed or printed name of signee

Films Frex:

5125.00 Piling Fee for Articles of Organization and Designation of Registered Agent

- 5 30:00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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