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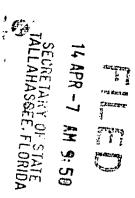
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dr. Harmony LLC Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) and	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Guy Spiegelman	Name of Person	
	Firm/Company	
19 West Flagler Street, Suite 912	Address	
Miami, Florida 33130	City/State and Zip Code	
ggs@spiegelmanlaw.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Guy Spiegelman at (;	305) 373-6634 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
Dr. Harmony LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1508 Bay Road, Suite 1021 Miami Beach, Florida 33139	1508 Bay Road, Suite 1021 Miami Beach, Florida 33139
Midini Begon, 1 Johna 33 133	Midili peach, Florida 35139
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designate an individual or
The name and the Florida street address of the register	ered agent are:
Guy Spiegelman	
•	ame
19 West Flagler Street, S Florida street address (P.O.	
Miami	FL 33130
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cl	

= Authorized Member	ame and Address:
- Authorized Member	
Manager	
	Hari OM, L.L.C.
	508 Bay Road, Suite 1021
<u> </u>	Miami Beach, Fl. 33139
_	
-	
	
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ment if necessary)	
is used, the date must be specific and c	annot be more than five business days prior to or 90
r provisions, if any.	annot be more than five business days prior to be 90
	annot be more than five business days prior to br 90
r provisions, if any.	annot be more than five business days prior to br 90
r provisions, if any. D SIGNATURE:	
Signature of a member or an in accordance with section 605.0203 (1) (onstitutes an affirmation under the penaltian aware that any false information subn	authorized representative of a member. b), Florida Statutes, the execution of this document es of perjury that the facts stated herein are true.
Signature of a member or and accordance with section 605.0203 (1) (constitutes an affirmation under the penaltic am aware that any false information submonstitutes a third degree felony as provide	authorized representative of a member. b), Florida Statutes, the execution of this document es of perjury that the facts stated herein are true.
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