

L160000097851

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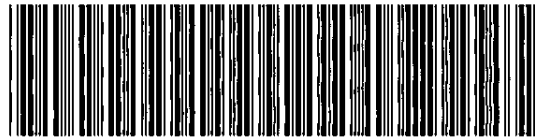
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Date: 5-23-16

ENTITY NAME:

HEALING ARTS STUDIO LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X Plain Copy
 Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

 Certified Copy of Arts & Amendments
 Certificate of Good Standing

****APOSTILLE'/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2526

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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

ARTICLE I NAME

The name of the Limited Liability Company is:

HEALING ARTS STUDIO LLC

ARTICLE II ADDRESS

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

10400 GRIFFIN ROAD, STE 302

COOPER CITY, FLORIDA 33328

ARTICLE III REGISTERED AGENT

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

ROSANNE CALABRESE

15881 N WIND CIRCLE

SUNRISE, FLORIDA 33326

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TALLAHASSEE
FLORIDA

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 605, F.S.

X 

ROSANNE CALABRESE / Registered Agent's signature

PAGE 2 HEALING ARTS STUDIO LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

DIANE DEHAY

10400 GRIFFIN ROAD, STE 302

COOPER CITY, FLORIDA 33328

AUTHORIZED MEMBER

ROSANNE CALABRESE

10400 GRIFFIN ROAD, STE 302

COOPER CITY, FLORIDA 33328

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TALLAHASSEE, FLORIDA

X



ROSANNE CALABRESE / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)