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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone Fax Number : (850)385-6735 : (954)641-4192

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FLORIDA LIMITED LIABILITY CO. HEALING MOMENTS, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

HEALING MOMENTS, LLC

ARTICLE I - NAME

The name of the limited liability company is Healing Moments, LLC, ("company").

ARTICLE II ~ ADDRESS

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 698 NW 7th Avenue Boca Raton, Florida 33486 Mailing Address: 698 NW 7th Avenue Boca Raton, Florida 33486

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ian M. Berkowitz, Esq. 2101 NW Corporate Boulevard, Suite 300 Boca Raton, Florida 33431

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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:	Name and Address:			
"MGR" = Manager "AMBR" = Authorized Member		<u></u>	.≟ (.4 () () () ()	
AMBR	Tracey A. McDonough 698 NW 7th Avenue Boca Raton, Florida 33486	75. 55 Vi	NO ANA COMP	
MGR	Donna Tomecek 698 NW 7th Avenue Boca Raton, Florida 33486			

ARTICLE V - OTHER MATTERS

The Company is hereby organized to conduct and any and all lawful activities that are agreed to and authorized by its members.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Ian M. Berkowitz, Esq.
Typed or printed name of signee