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FLORIDA LIMITED LIABILITY CO.
ESSENTIAL BALANCE MASSAGE THERAPY LLC

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C." or "LLC")*

Essential Balance Massge therapy LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

4720 SE 15 AVE
Unit 213
Cape Coral, FL 33904

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Yamisleidy Carrido
4720 SE 15 AVE
Unit 213 Cape Coral FL, 33904

ARTICLE IV-
The name and title of each person authorized to manage and control the Limited Liability Company:

Yamisleidy Carrido (AMBR)

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Required Signatures:

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

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.

Yamisleidy Carrido

Typed or printed name of signee

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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.

Registered Agent's Signature (REQUIRED)

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