

Division of Corporations Electronic Filing Cover Sheet

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.

(((H190001499923)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC. Account Number : 120070000160 Phone : (800) 494-3124

: (305)675-2811 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ب	(Emai)	l Address:	:

FLORIDA LIMITED LIABILITY CO. HEALTH GARDENS MASSAGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

H190001499923

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I NAME</u>

The name of the Limited Liability Company Is:

HEALTH GARDENS MASSAGE LLC

ARTICLE II ADDRESS

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

7456 PEBBLE BEACH ROAD

FORT MYERS, FLORIDA 33967

ARTICLE III REGISTERED AGENT

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

KALENE PEREZ

7456 PEBBLE BEACH ROAD

FORT MYERS, FLORIDA 33967

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 /s/ Kalene Perez

KALENE PEREZ / Registered Agent's signature

KALENE PEREZ / Registered Agent's signature

H19000149992 3

H190001499923

PAGE 2 HEALTH GARDENS MASSAGE LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

KALENE PEREZ

7456 PEBBLE BEACH ROAD

FORT MYERS, FLORIDA 33967

X /s/ Kalene Perez

KALENE PEREZ / 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.)