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COVER LETTER

Division of Corporations Square One Movement SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gideon D. Golden Name of Person Firm/Company 1044 Spanish Oaks Blvd Address Palm Harbor, FL 34683 City/State and Zip Code GoldenHypnotherapy@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727 452-1632 Gideon Golden Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: €\$155.00 Filing Fee & □\$160.00 Filing Fee, □\$125.00 Filing Fee □\$130.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

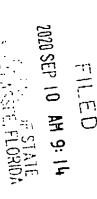
Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co.	inpany is:			
Square One Movement, L. (Must contain th		I Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal	office of the L	mited Liability Company is:	
Principal Office Address:			Mailing Address:	
Palm Harbor, FL 34683			Palm Harbor, FL 34683	
(The Limited Liability Company cannother business entity with an active The name and the Florida street address Gio	Florida registrati	on.) d agent are:	gent. Tou must designate an	maiviatiat of
		Name		
	1044 Spanish Oaks Blvd Florida street address (P.O. I		OT accentable)	
<u>ran</u>	m Harbor City	FL State	34683 Zip	
laving been named as registered agent of lace designated in this certificate. I here orther agree to comply with the provision on familiar with and accept the obligation	thy accept the app ns of all statutes r ons of my position	pointment as regelating to the past as registered to	gistered agent and agree to a roper and complete performa	ct in this capacity. I ince of my duties, and I

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Gideon D. Golden
	1044 Spanish Oaks Blvd Palm Harbor, FL 34683
	Tatti Harbot. FE 54005
	•
	
TCLE V: Effective date, if other than the	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days after
ate of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed
ICLE VI: Other provisions, if any.	tinent of state's records.
REQUIRED SIGNATURE:	
This document is I am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in \$.817.155, F.S.
	degree territy an provided his in state that the
<u>Gideon D.</u>	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)