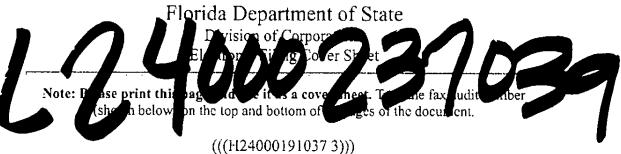
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Division of Corporations





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FLORIDA LIMITED LIABILITY CO. HAPPY HEART THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: HAPPY HEART THERAPY LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 516 APEN RD 516 APEN RD WEST PALM BEACH WEST PALM BEACH 33409 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.) The name and the Florida street address of the registered agent are:

ANAYANSY HERNANDEZ Name 516 APEN RD Florida street address (P.O. Box NOT acceptable) WEST PALM BEACH City

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

Registered Agent (Signature (REQUIRED)

(CONTINUED)



	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	AMBR	ANAYANSY HERNANDEZ 516 APEN RD WEST PALM BEACH FL 33409	
	(Use attachment if necessary)		
(If an eff the date <u>Note:</u> I the docu	LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.)		
(If an eff the date <u>Note:</u> I the docu	LE V: Effective date, if other than the date fective date is listed, the date must be s of filling.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 a meet the applicable statutory filing requirements, this date will not at of State's records.	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)