

L97000001315

TRANSMITTAL LETTER

Dept. Of State
Division of corporations
P.O.Box 6327
Tallahassee, FL. 32314

500002353865--0
-11/21/97--01040--005
****285.00 ****285.00

SUBJECT: The Healing Arts, L.C. Date: 11/13/97
(Proposed Name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$285.00.

FROM:

Name: Istvan Vajda
Address: 3565 North Ocean Blvd.
City, State & Zip: Delray Beach, FL. 33483
Telephone Number: (561) 212-5768

FILED
97 NOV 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L97-1315-24

| | |
|-------------------|----|
| Name | OK |
| Availability | OK |
| Document Examiner | OK |
| Updater | OK |
| Updater Verifier | OK |
| Acknowledgement | OK |
| W. P. Verifier | OK |

Articles of Organization for Florida
Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Healing Arts, L.C.

ARTICLE II-Address:

The Mailing address and the street address of the principle office
of the Limited Liability Company is:

3565 North Ocean Blvd.
Delray Beach, FL. 33483

ARTICLE III-Duration:

The period of duration for the limited Liability Company shall be perpetual:

ARTICLE IV- Management:

The Limited Liability Company is to be managed by the members and
the names and addresses of the managing members are:

Istvan Vajda & Balazs Vajda
3565 North Ocean Blvd.
Delray Beach, FL. 33483

FILED
97 NOV 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE V-Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and
conditions of the admissions shall be determined by a majority vote of the initial members in
accordance with the provisions of the Operating Agreement.

ARTICLE VI-Members Rights to Continue Business:

The right, if given, to the remaining members of the Limited Liability Company to continue the
business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member
or the occurrence of any other event which terminated the continued membership of a member in
the Limited Liability Company shall be determined by a majority vote of the initial members in
accordance with the provisions of the Operating Agreement.

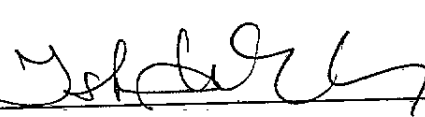
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT
IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: The Healing Arts LLC
2. The name and address of the registered agent and office:

Istvan Vajda
3565 North Ocean Blvd.
Delray Beach, FL. 33483

Having been named as registered agent and to accept service of process forth 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.

Signature: 

Date: 11/14/97.

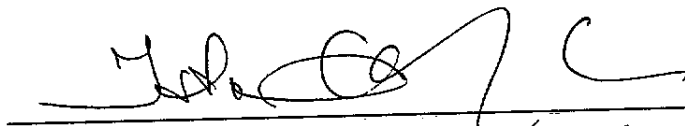
97 NOV 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AFFIDAVIT of MEMBERSHIP and CONTRIBUTIONS

The undersigned member or authorized representative of a member of The Healing Arts, L.C.,
deposes and says:

- 1) The undersigned named Limited Liability Company has at least two members.
- 2) The total amount of the cash contributed by the member(s) is \$1,000
- 3) If any, the agreed value of the property other than cash contributed by member(s) is
\$ _____. A description of the property is attached and made a part hereto.
- 4) The total amount of the cash or property anticipated to be contributed by member(s) is
\$1,000. This total includes amounts from 2 and 3 above.



Signature of member or authorized representative of a member.

FILED
97 NOV 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA