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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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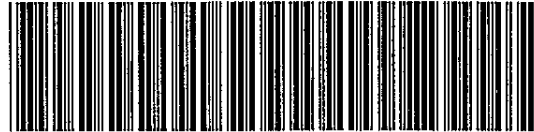
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M04-287
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**WOMBLE
CARLYLE
SANDRIDGE
& RICE**
A PROFESSIONAL LIMITED
LIABILITY COMPANY

One Wachovia Center
Suite 3500
301 South College Street
Charlotte, NC 28202-6037

Telephone: (704) 331-4900
Fax: (704) 331-4955
Web site: www.wcsr.com

Pamela G. Speir, Paralegal
Direct Dial: (704) 331-4927
Direct Fax: (704) 338-7833
E-mail: pspeir@wcsr.com

January 15, 2004

Via Federal Express

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Integrated Wellness Services, LLC (the "Company")

Dear Sir or Madam:

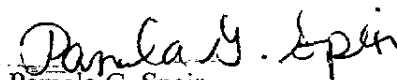
Attached, for filing in your office, please find the following documents:

- (1) One original and one copy of the Application by Foreign Limited Liability Company for Authorization to transact business in Florida;
- (2) One original and one copy of the Certificate of Designation of Registered Agent/Registered Office;
- (3) One certificate of existence as issued by the North Carolina Secretary of State;
- (4) Our check in the amount of \$155.00.

Please return a certified copy of the qualification to the undersigned in the enclosed federal express envelope.

Should you have any questions, please contact the undersigned at the above number.

Very truly yours,


Pamela G. Speir
Paralegal

Enclosures

cc: Cyrus M. Johnson, Jr., Esq.

CHARLOTTE 310842v53

GEORGIA / NORTH CAROLINA / SOUTH CAROLINA / VIRGINIA / WASHINGTON, DC

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Integrated Wellness Services, LLC
(Name of foreign limited liability company)

2. North Carolina 3. 20-0552362
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 5, 2004 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 173 Sams Trail
Waynesville, NC 28786
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:
Deborah J. Carpinteri
173 Sams Trail
Waynesville, NC 28786

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: wellness services-preventative
health

Deborah J. Carpinteri
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Deborah J. Carpinteri
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Integrated Wellness Services, LLC

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

Deborah J. Carpinteri

(Name)

34519 Cedarfield Drive

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Ridge Manor

FL

33523

(City/State/Zip)

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 608, F.S.

Deborah J. Carpinteri

By: Deborah J. Carpinteri

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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State of North Carolina
Department of The Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

INTEGRATED WELLNESS SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 5th day of January, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of January, 2004

Elaine F. Marshall
Secretary of State