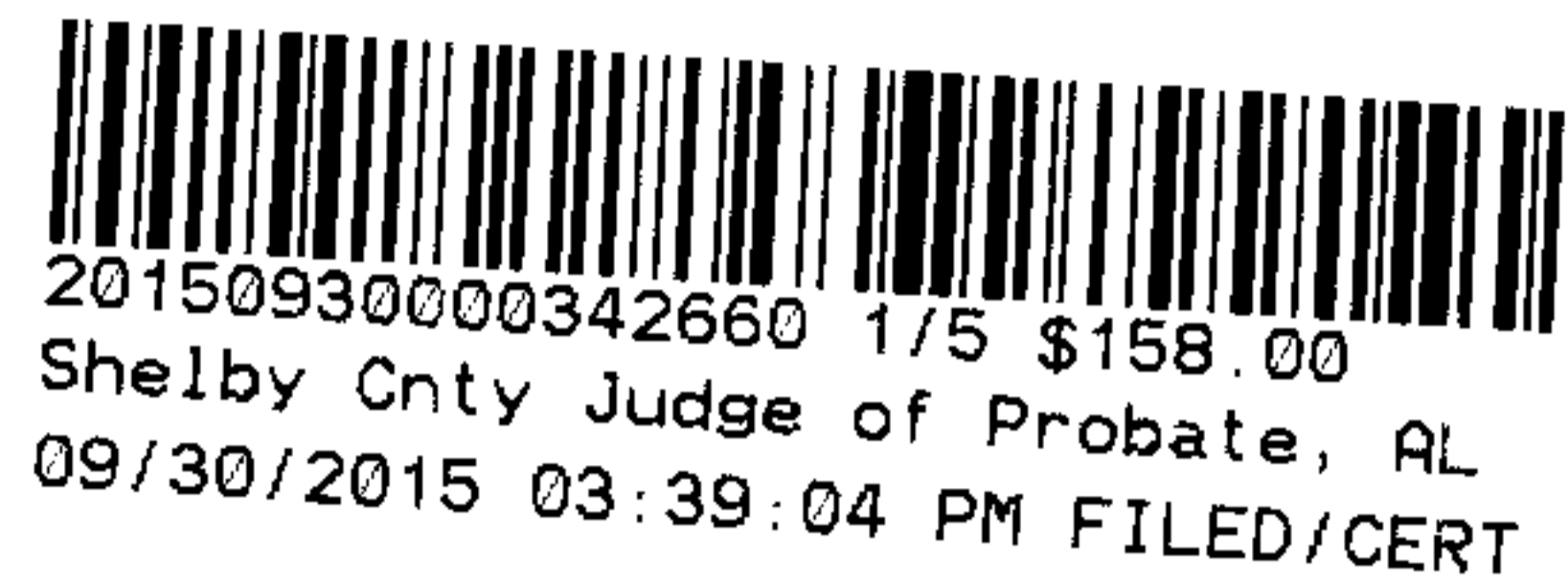


**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION**

**PURPOSE:** In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** for standard filing (based on date of receipt and volume) **or \$200.00 for expedited service** (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.



**(For County Probate Office Use Only)**

**The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):  
Much Kneaded Relaxation LLC

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].**

This form was prepared by: (type name and full address)  
Karen M Custis  
112 Highland Ridge Drive  
Chelsea, AL. 35043

**(For SOS Office Use Only)**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of the Registered Agent located at the Registered Office (only one agent):

Karen M Custis

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

112 Highland Ridge Drive, Chelsea, AL 35043

Mailing address in Alabama of Registered Office (if different from street address):

See above

4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify 09 / 14 / 2015 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 0900 :00   (cannot be noon or midnight – 12:00)

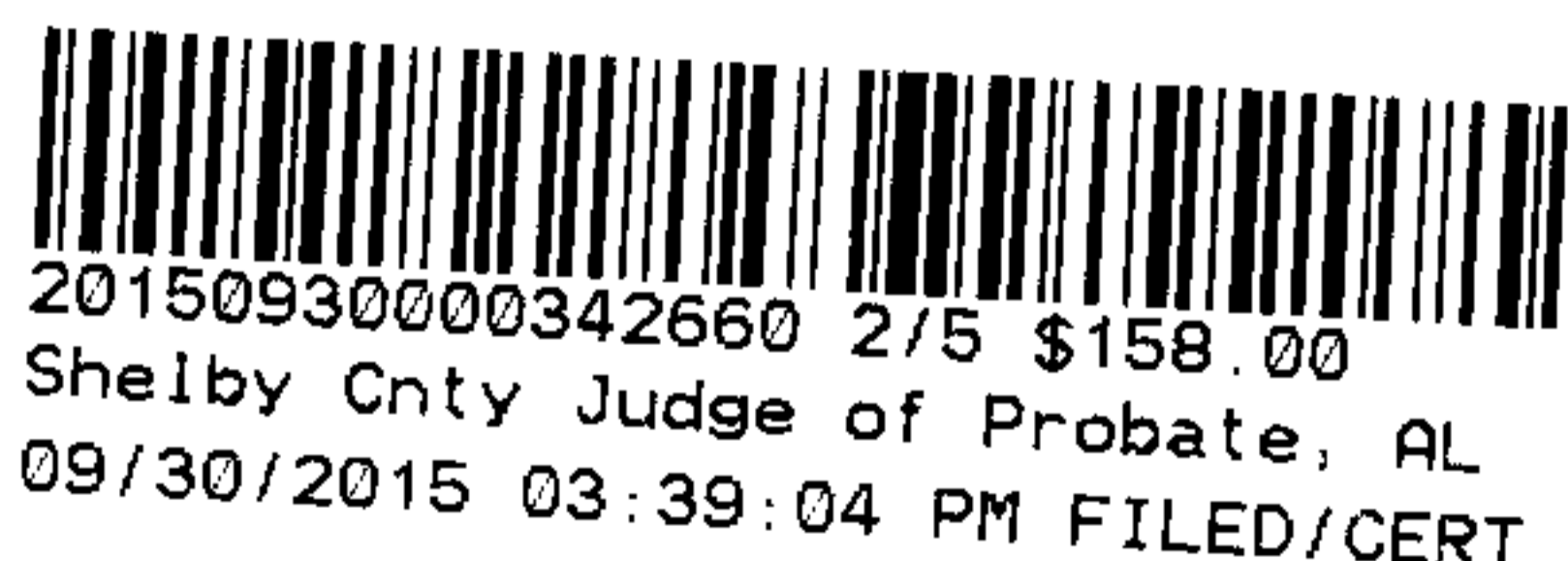
Attached are any other matters the members determine to include herein ( if this item is checked there must be attachments with the filing).

09 / 14 / 2015  
Date (MM/DD/YYYY)

Karen M Custis  
Signature as required by 10A-5A-2.04

Karen M Custis  
Typed Name of Above Signature

Owner  
Typed Title (Organizer or Attorney-in-fact)



Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

# Alabama Board of Massage Therapy

Be it known that

## Karen Custis

has fulfilled the legal requirements  
and is duly licensed as a

### Massage Therapist

and has been granted

### License No. 4275

For the Board



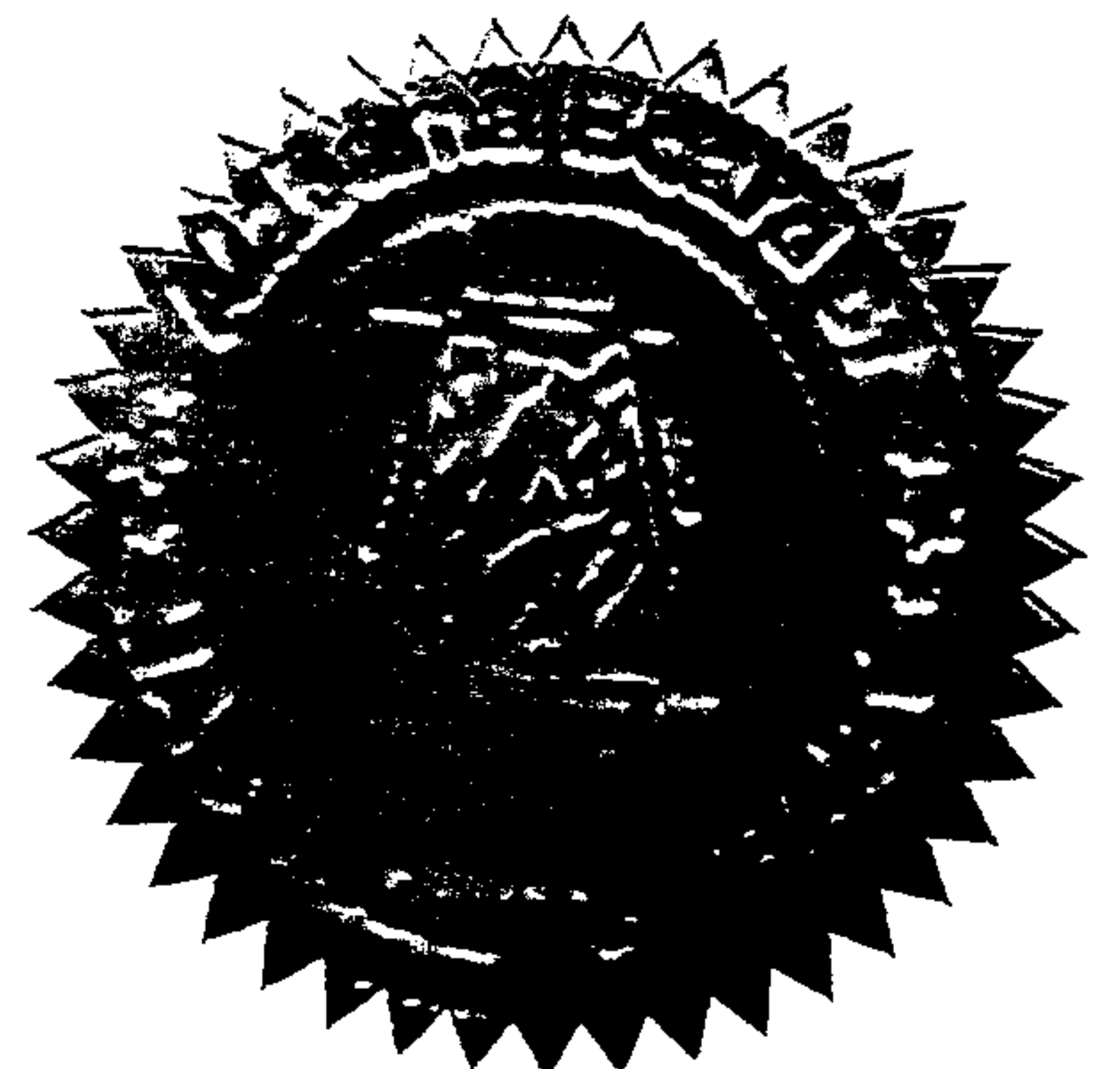
Keith E. Warren, Executive Director

Expiration Date

6/30/2017



20150930000342660 3/5 \$158.00  
Shelby Cnty Judge of Probate, AL  
09/30/2015 03:39:04 PM FILED/CERT



**Nº 000335**

# American Massage Therapy Association®



20150930000342660 4/5 \$158.00  
 Shelby Cnty Judge of Probate, AL  
 09/30/2015 03:39:04 PM FILED/CERT

## Certificate of Insurance

**AMTA Member ID#:** 1333087

**Karen Custis**  
 112 Highland Ridge Dr  
 Chelsea, AL 35043

**AMTA Member Classification:** GRAD

**Enrolled Member Effective Date:**  
 02/01/2015  
 to 01/31/2016

Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services.  
 Business Name:

**Administered By:**  
 Healthcare Providers Service Organization  
 Affinity Insurance Services, Inc.  
 159 East County Line Road  
 Hatboro, PA 19040-1218

**Insurance Company:**  
 American Casualty Company of Reading, Pennsylvania  
 A CNA Admitted Company

Type of Insurance	Master Policy Number	Limits (per enrolled member)
Professional Liability Occurrence Coverage	0289955556	\$2,000,000 each claim / \$6,000,000 aggregate Subject to the Master Policy Aggregate
<p>Coverage is afforded to AMTA Members for a period of 12 months concurrent with the Enrolled Member Effective Date or until membership is terminated or expires. Student Enrolled membership expires on the last day of the month in which the Student Enrolled Member graduates. No coverage is afforded to Student Enrolled Members for providing massage therapy services outside of school sanctioned and directed activities. If the AMTA Master Policy is non-renewed or cancelled, the AMTA Member's coverage under this policy will terminate upon the expiration of the Enrolled Member Effective Date and will not be renewed. The Master Policy Aggregate may be reduced by claims paid on behalf of other insureds.</p>		
<p><b>Additional Coverages (included in Professional Liability Limits specified above):</b></p> <ul style="list-style-type: none"> <li>• General Liability</li> <li>• Products Liability</li> <li>• Host Liquor Liability</li> <li>• Personal Injury Liability</li> <li>• Good Samaritan Liability</li> <li>• Malpractice Liability</li> <li>• Fire &amp; Water Legal Liability (subject to \$100,000 sub limit)</li> </ul>		
<b>Coverage Extensions</b>	<b>Coverage Extension Limits</b>	
License Protection	\$10,000 per proceeding / \$25,000 aggregate	
Defendant Expense Benefit	\$10,000 aggregate	
Deposition Representation	\$2,500 per deposition / \$5,000 aggregate	
Assault (excluding Texas)	\$10,000 per incident / \$25,000 aggregate	
Medical Payments	\$2,000 per person / \$100,000 aggregate	
First Aid	\$2,500 aggregate	
Damage to Property of Others	\$10,000 aggregate	
<p>This material is intended to provide a general overview of the products and services offered. Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO at 1-888-253-1474 directly for a free copy of the complete policy.</p>		

JOHN H. MERRILL  
SECRETARY OF STATE

ALABAMA STATE CAPITOL  
MONTGOMERY, AL 36130

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama 1975*, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**Much Kneaded Relaxation LLC**

This name reservation is for the exclusive use of KAREN CUSTIS, 112 HIGHLAND RIDGE DRIVE, CHELSEA, AL 35043 for a period of one year beginning August 10, 2015 and expiring August 10, 2016.



20150930000342660 5/5 \$158.00  
Shelby Cnty Judge of Probate, AL  
09/30/2015 03:39:04 PM FILED/CERT

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.



August 10, 2015

Date

John H. Merrill

Secretary of State

RES150478