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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)205-0383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone (850)385-6735 (954) 541-4192 Fax Number

LIMITED LIABILITY COMPANY

SOUTHPOINT WELLNESS CENTER, LLC

Certificate of Status	Ó
Certified Copy	1
Page Count	702-3
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ARTICLES OF ORGANIZATION

OF

SOUTHPOINT WELLNESS CENTER, LLC

Pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (1999), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I

The name of this limited liability company (the "Company") shall be SOUTHPOINT WELLNESS CENTER, LLC.

ARTICLE II ADDRESS

The mailing address and the street address of the principal office of this Company shall be 5109 Stepp Avenue, Jacksonville, Florida 32216.

ARTICLE III REGISTERED AGENT

The initial registered office of this Company shall be 5109 Stepp Avenue, Jacksonville, Florida 32216, and its initial agent at such office shall be Edward J. Obi, Jr.

ARTICLE IV MANAGEMENT OF THE COMPANY

This Company will he a manager-managed company managed by one of its members in accordance with and subject to the requirements of the Act and the operating agreement of this Company.

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IN WITNESS WHEREOF, the undersigned, being the Managing Member of this Company, has executed these Articles of Organization on behalf of this Company in accordance with \$608.407(3) of the Act.

Dated: 10-15-04

Edward L. Obi, Jr., Managing Member

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes (1999), as amended from time to time (the "Act"), the following is submitted:

Southpoint Wellness Center, LLC, desiring to organize or qualify under the law of the State of Florida as a limited liability company pursuant to the Act, hereby designates Edward L. Obi, Jr., as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 5109 Stepp Avenue, Jacksonville, Florida 32216.

DATED this Zonday of Odler 2004.

Edward L. Obi, Jr., Managing Member

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

DATED this 25 day of October 2004.

Edward L. Obi, Jr.

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