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(Requestor's Name)

(Address)

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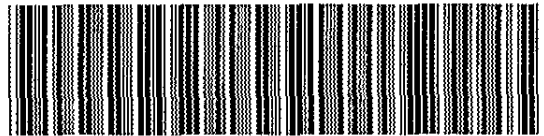
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pineapple Podiatry LLC

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____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ RA Resignation _____
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____ Certificate of Status _____
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____ Fictitious Owner Search _____
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3/20

Name _____

Date _____

Time _____

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ARTICLES OF ORGANIZATION
OF
Pineapple Podiatry L.L.C.
A Florida Limited Liability Company

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03 MAR 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribed, acknowledges, and files the following Articles of Organization:

ARTICLE I
NAME

The name of the limited company shall be: Pineapple Podiatry, L.L.C.

ARTICLE II
ADDRESS

The street and mailing address in this State of the principal office of this limited liability company shall be:

223 Via D'Este
Unit 1912
Delray Beach, Florida 33445

ARTICLE III
DURATION

The limited liability company shall commence its existence on the date of the filing of these Articles and shall be for a term that shall end on the earlier to occur of either 1) perpetual or 2) in accordance with the Company's Operating Agreement.

ARTICLE IV

PURPOSE

The general nature of the business to be conducted by this limited liability company shall be to do all thing's enumerated, set forth and authorized by Florida Statutes 1975, Section 608.404.

ARTICLE V

MANAGEMENT

The sole member manager of the limited liability company shall be Elizabeth Reilly.

ARTICLE VI

MEMBER MANAGERS ADDRESS

The name and address of the member manager of the limited liability company shall be:

NAME

ADDRESS

Elizabeth Reilly

223 Via D'Este
Unit 1912
Delray Beach, Florida 33445

ARTICLE VII

AUTHORIZED SUBSCRIBER

The representative or member who is authorized to execute these Articles of Organization is:

NAME AND ADDRESS

Elizabeth Reilly
Unit 1912
Delray Beach, FL 33445

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TALLAHASSEE, FLORIDA

ARTICLE VIII
ADDRESS OF REGISTERED AGENT

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MAR 20 PM 1:31
CLERK OF STATE
TALLAHASSEE, FLORIDA


The street address of the initial registered office is:

223 Via D'Este
Unit 1912
Delray Beach, Florida 33445

and the name of the registered agent of this limited liability company at that address is:

Elizabeth Reilly

IN WITNESS WHERE OF, the representative/member has affixed his signature, this 10TH day of March, 2003.

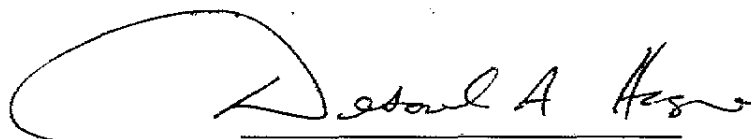
 (SEAL)
Elizabeth Reilly

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Elizabeth Reilly who after being duly sworn, acknowledged that he executed the foregoing Articles of Organization for the purposes therein expressed.


Dated at Boca Raton, Palm Beach County, Florida, this 10 day of March, 2003.




Notary Public/State of Florida

ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named to accept service of process for Pineapple Podiatry, L.L.C., a Florida limited liability company, at the place designed in the foregoing Articles of Organization, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

 (SEAL)
Elizabeth Reilly
Registered Agent

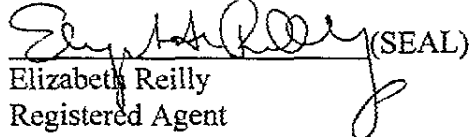
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuant of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First that Pineapple Podiatry, L.L.C., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of Boca Raton, County of Palm Beach, State of Florida, has named Elizabeth Reilly, located at 223 Via D'Este, Unit 1912, Delray Beach, FL 33445, County of Palm Beach, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the above stated limited liability company, at the place designated to this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

 (SEAL)
Elizabeth Reilly
Registered Agent