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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

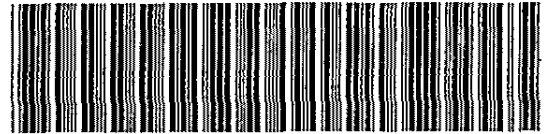
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE LAW OFFICE OF LINDA L. GAUSTAD, P.A.

Linda L. Gaustad
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Attorneys at Law

815 South Volusia Avenue, Suite 1
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Mandy Jouini
Jessica Rosa
Jackyln Thomason
Legal Assistants

November 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Nancy A. Slicner, Ph.D., L.L.C.

Dear Sirs or Madames:

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of	Filing Fee & Registered Agent Fee	Filing Fee, & Certificate of Status

FROM: The Law Office of Linda L. Gaustad, P.A.
815 S. Volusia Avenue, Suite 1
Orange City, Florida 32763
(386) 456-0500

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

The Law Office of Linda L. Gaustad
815 South Volusia Avenue
Suite 1
Orange City, FL 32763
Prepared By: Susan Rae Giacoletto, Attorney at Law

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
Nancy A. Slicner, Ph.D., L.L.C.

ARTICLE II - Address:

The mailing address of the principal office of the Limited Liability Company is:
P.O. Box 390670
Deltona, Florida 32739-0670

The street address of the principal office of the Limited Liability Company is:
1026 Blue Horizon Drive
Deltona, Florida 32725

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:
The effective date of the limited liability company is the filing date and will continue until such time that the members unanimously vote to terminated the limited liability company.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

- 1) Nancy A. Slicner-1026 Blue Horizon Drive, Deltona, Florida 32725

The Management of this company is by its members acting as a Board of Members, each voting according to their distributional interest and shall have the authority to act for the company in all matters.

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FLORIDA

ARTICLE V - Admission of Additional Members:

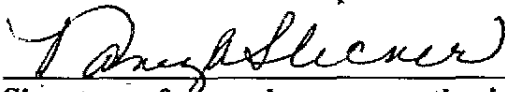
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members or the transferee of a distributional interest of a member, may be admitted to membership by a unanimous vote of the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of 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 terminates the continued membership of a member in the limited liability company shall be:

The remaining members of the limited liability company, by unanimous vote, may exercise the right to continue.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nancy A. Slicner

Typed or printed name of signee

Filing Fee: \$100.00 for Article

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TALLAHASSEE, FLORIDA

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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: Nancy A. Slicner, Ph.D., L.L.C.


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

Susan Rae Giacoletto, Attorney at Law
of The Law Office of Linda L. Gaustad, P.A.
NAME

815 S. Volusia Avenue, Suite 1
Florida street address (P. O. Box NOT ACCEPTABLE)

Orange City, Florida 32763
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 25 for Designation of Registered Agent