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2005 OCT 13 P 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: Advantage Health Sciences, LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Nelson
(Name of Person)

(Firm/Company)

P.O. Box 856
(Address)

Shalimar, FL 32579
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Nelson at (850) 863-0040
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☒ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ $160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

Advantage Health Sciences, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

906 Skipper Ave.
Fort Walton Beach
FL 32547

Mailing Address:

P.O. Box 856
Shalimar
FL, 32579

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Thomas E. Nelson
Name

4602 Scarlet Dr E
Florida street address (P.O. Box **NOT** acceptable)

Crestview FL 32539
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Thomas E. Nelson 4620 Scarlet Dr. E Crestview, FL 32539
	Gary W. Collins 1508 Monte Sanders Ln. El Paso, TX 79935

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-12-05. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

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

Thomas E Nelson
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)