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To:

Division of Corporations

Fax Number

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From:

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number : 075500004387 : (813)229~7600 Phone

Fax Number : (813)229~1660

Fig. FLORIDA/FOREIGN LIMITED LIABILITY CO.

APPLETREE WELLNESS, LLC

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ARTICLES OF ORGANIZATION FOR APPLETREE WELLNESS, LLC

ARTICLE I Name

The name of the Limited Liability Company is:

"AppleTree Wellness, LLC"

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is:

400 Indian Rocks Road N. Suite B Belleair Bluffs, FL 33770

ARTICLE III Registered Agent and Registered Address

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

Erin Smith Aebel, Esq. Shumaker, Loop & Kendrick, LLP 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 21st day of February, 2006.

Erin Smith Aebel, Esq.

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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 AppleTree Wellness, LLC.
- 2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq. Shumaker, Loop & Kendrick, LLP 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602

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.

Erin Smith Acbel, Esq.
Registered Agent

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