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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Emerald Coast Professional Center, LLC.

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ARTICLES OF ORGANIZATION

OF

EMERALD COAST PROFESSIONAL CENTER, LLC.

Fax Audit No. H060000902733

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JENNIFER CORPORATION'S

Pursuant to the provisions of Chapter 608, Florida Statutes, 2005, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is EMERALD COAST PROFESSIONAL CENTER, LLC.

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company are 171 CRANE STREET, PANAMA CITY BEACH, FL 32413.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company is Steve M. LaSota, 220 McKenzic Avenue, Panama City, Florida 32401.

ARTICLE V - MEMBERSHIP

The Members may permit the admission of Additional Members, upon the unanimous consent of all Members of the Company.

Fax Audit No. H060000902733**ARTICLE VI - CONTINUATION OF BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

ARTICLE VII - MANAGEMENT

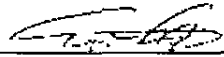
The Company shall be member managed.

ARTICLE VIII - MANAGER

The name and address of the Member Manager is as follows:

Jane F. Dama
171 Crane Street
Panama City Beach, FL 32413

IN WITNESS WHEREOF, the undersigned member, constituting one of the initial Members of the Company, has executed these Articles of Organization on this 2nd day of April, 2006.



Steven M. LaSota, Esq.

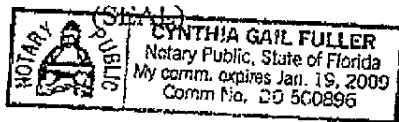
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TALLAHASSEE, FLORIDA

Fax Audit No. H060000902733

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 5th day of April 2006, by Steven M. LaSota, as authorized representative of a Member of EMERALD COAST PROFESSIONAL CENTER, LLC., a Florida limited liability company, who: (notary **must** check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.



Cynthia Gail Fuller
Cynthia Gail Fuller
(Print Name)
Notary Public
Commission # 00500896
My Commission Expires: 1-19-09

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TALLAHASSEE, FLORIDA

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**STATEMENT OF ACCEPTANCE AND
DESIGNATION OF REGISTERED AGENT**

OF

EMERALD COAST PROFESSIONAL CENTER, LLC.

STATE OF FLORIDA
COUNTY OF BAY

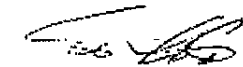
Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is EMERALD COAST PROFESSIONAL CENTER, LLC.

The name of the registered agent for EMERALD COAST PROFESSIONAL CENTER, LLC., is Steven M. LaSota, and the street address of the agent is 220 McKenzie Avenue, Panama City, Florida 32401.

This statement is to acknowledge that, as indicated above, EMERALD COAST PROFESSIONAL CENTER, LLC., has appointed me, Steven M. LaSota, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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 5th day of April, 2006.



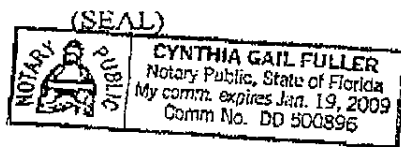
Steven M. LaSota
Registered Agent

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

Fax Audit No. H060000902733

The foregoing instrument was acknowledged before me this 5th day of April, 2006, by Steven M. LaSota, agent on behalf of EMERALD COAST PROFESSIONAL CENTER, LLC., a Florida limited liability company, who: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.



Cynthia Gail Fuller
(Print Name)

Notary Public

Commission # DD 500896My Commission Expires: 1-19-09

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