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Account Name : BUSINESS FILINGS Account Number: 105256001620 : (608)827-5300 Phone

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Patti Sperling, ARNP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

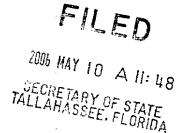
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ARTICLES OF ORGANIZATION OF Patti Sperling, ARNP LLC



ARTICLE I

NAME

The name of the limited liability company shall be: Patti Sperling, ARNP LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 603 Robert's Bay Dr., Nokomis, Florida 34275.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Patti Sperling, 603 Robert's Bay Dr., Nokomis, Florida 34275 Arthur Sperling, 603 Robert's Bay Dr., Nokomis, Florida 34275

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES. THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE CORIDA STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Patti Sperling, ARNP LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Mark Schiff AVP

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Date: May 9, 2006