

LO6000123034

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LAW OFFICES
CHRISTOPHER M. SIERRA, P.A.

703 SWANN AVENUE
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ST. PETERSBURG, FLORIDA 33701
TELEPHONE (727) 895-3190
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gencoun@tampabay.rr.com

November 22, 2006

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

Re: Allergy Silencer, L.L.C.

To Whom It May Concern:

Enclosed please find the Articles of Organization for the above-referenced entity.
Also enclosed is a check in the amount of \$155.00 for the filing fees and certified copy.

Should you have any question concerning this matter, please do not hesitate to call.

Sincerely,
CHRISTOPHER M. SIERRA, P.A.

Christopher M. Sierra
1c/

Christopher M. Sierra, Esquire

CMS:crm

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLERGY SILENCER, L.L.C.

(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:

3645 Madaca Lane

Tampa, Florida 33618

Mailing Address:

3645 Madaca Lane

Tampa, Florida 33618

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:

Michael Sierra, Esquire

Name

703 West Swann Avenue

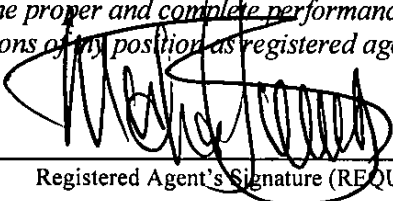
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33606

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jose C. Dominguez, Jr., M.D.

3645 Madaca Lane

Tampa, Florida 33618

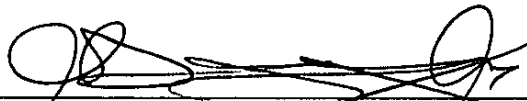
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Jose C. Dominguez, Jr., M.D.

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)