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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247
Phone: (800)494-3124
Fax Number: (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

A Shoulder To Lean On, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

A SHOULDER TO LEAN ON, LLC

ARTICLE II: Address

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

907 WITHERSPOON LANE DELRAY BEACH, FLORIDA 33483

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JILL L. BABCOCK, RN 907 WITHERSPOON LANE DELRAY BEACH, FLORIDA 33483

Having been named as registered agent 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.

DIVISION OF AUG 13 AM 8: 15

JILL/L/BABCOCK / REGISTERED AGENT'S SIGNATURE

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A SHOULDER TO LEAN ON, LLC

ARTICLE IV: MANAGEMENT

The Umited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

## MANAGING MEMBER:

JILL L. BABCOCK, RN 907 WITHERSPOON LANE DELRAY BEACH, FLORIDA 33483

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.)

JILL L. BABCOCK