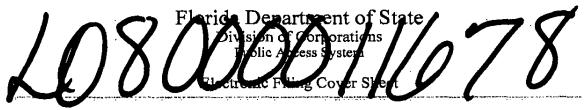
Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

Account Name

: PYLE & DELLINGER, PL. Account Number: I2000000053

: (386)615-9007 Phone : (386)676-2615 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Williamson Professional, LLC

1

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Certificate of Status Certified Copy Page Count Estimated Charge

D. BRUCE

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ARTICLES OF ORGANIZATION OF WILLIAMSON PROFESSIONAL, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

Articles of Organization.
ARTICLE I NAME PER 08
The name of the Limited Liability Company is WILLIAMSON PROFESSIONAL, CDC.
ARTICLE II SSEE ADDRESS EE O A T
The street address and the mailing address of the principal office of the Company is 15 rails End Drive, Port Orange, Florida 32129.
ARTICLE III REGISTERED OFFICE AND AGENT
The name of the Registered Agent is Robert J. DeFilippo and Florida street address of he registered agent is 115 Trails End Drive, Port Orange, Florida 32129 .
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed hese Articles of Organization on this/ ** day of February, 2008.
Robert J. Defilippo STATE OF FLORIDA COUNTY OF VOLUSIA
The foregoing instrument was acknowledged before me this
Notary Public MICHAEL A. PYLE MICHAEL A. PYLE MY COMMISSION & 00 735278 EXPIRES: December 3, 2011 (Printed Name) My Commission Expires: My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

02/01/2008 12:30

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

Robert J. Defilippo, Registered Agent

SECRETARY OF STATE