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(Requestor's Name)
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03/03/08--01018--005 **160.00

Effective Date 03/01/08

T. HAMPTON

MAR - 4 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
current Colto	n Life Solutions,	LLC	
SUBJECT: Octo		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Philip R.	Sutton		
	(1	Name of Person)	
Colton L	ife Solutions, LL	С	
	(Firm/Company)	
2975 141	th Ave NE		
		(Address)	
Naples,	FL 34120		
	(City	State and Zip Code)	
For further information	concerning this matter, please	call:	
Philip R. Sutton at (239) 352-6933		33	
	of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Effective Date 03/61/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
Colton Life Solutions, LL	.C
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is Mailing Address:
2975 14th Ave NE	2975 14th Ave NE
23/3 14/1 AVE NE	N El 24400
Naples, FL 34120	Naples, FL 34120

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

Thomas M. Coleman

2975 14th Ave NE

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

Naples, FL 34120 FL 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) Page 1 of 2 SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Philip R. Sutton
<u> </u>	2975 14th Ave NE
	Naples, FL 34120
MGR	Thomas M. Coleman
WGK	
	2975 14th Ave NE
	Naples, FL 34120

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2008. (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.)

Philip R. Sutton

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)