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SECRETARY DE STATE

DARBY, PEELE, BOWDOIN & PAYNE

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

HERBERT F. DARBY, P.A.
S. AUSTIN PEELE, P.A.
W. RODERICK BOWDOIN, P.A.
M. BLAIR PAYNE

ATTORNEYS AT LAW

285 N.E. HERNANDO AVENUE POST OFFICE DRAWER 1707 LAKE CITY, FLORIDA 32056 TELEPHONE (386) 752-4120 FACSIMILE (386) 755-4569

July 25, 2008

7637.03-08-173

Secretary of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Gentlemen:

Enclosed are two executed counterparts of Articles of Organization of alternative Health Solutions of Suwannee Valley, LLC to be filed in your office.

Also enclosed is our trust account check in the amount of \$155.00 to cover the filing fee, designation of registered agent and certified copy. Please certify one of the enclosed counterparts and return it to us at your early convenience.

Thank you.

Very truly yours,

S. Austin Peele For the Firm

SAP/pdw Enclosures

cc: Ms. Kathy E. Lumpkin (w/encl.)

SAP/påw 7637.03-08-173 7/23/08

ARTICLES OF ORGANIZATION

OF

ALTERNATIVE HEALTH SOLUTIONS OF SUWANNEE VALLEY, LLC

The undersigned, being a member of the limited liability company being formed under Chapter 608, Florida Statutes, hereby adopts the following articles of organization:

1.

The name of the limited liability company is:

Alternative Health Solutions of Suwannee Valley, LLC, (hereinafter the "Company").

11.

The Company shall have perpetual existence, unless dissolved by operation of law.

III.

IV.

The name and street address of the initial registered agent in the State of Forida for the Company is KATHY E. LUMPKIN, 8274 97th Road, Live Oak, Florida 32060. By signing these articles of organization, the registered agent voluntarily consents to serve

as registered agent of the Company and acknowledges that she is familiar with the obligations and duties of a registered agent as required by law and hereby accepts those duties and responsibilities.

V.

The unanimous consent of all members shall be required to admit additional members, which shall be in accordance with the terms and conditions of the operating agreement of the Company.

VI.

None of the members of the Company are liable for the payment of any debt.

obligation or other liability of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 24 day of July, 2008.

KATHY E. LUMPKIN, as member and registered agent

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this <u>29</u> day of July, 2008, by KATHY E. LUMPKIN, who is personally known to me, or who has produced ______, as identification.

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Notary Public, State of Florida PATRICIA D. WILDERS

(Print or Type Name)

My Commission Expires:

8 JUL 28 AM 10: 1