Electronic Articles of Organization
For
Florida Limited Liability Company

L08000083401
FILED 8:00 AM
September 02, 2008
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

HEALTH POINTE JACKSONVILLE, LLC

Article II

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

361 W SILVERTHORN LN
PONTE VEDRA, FL. US 32081

The mailing address of the Limited Liability Company is:

361 W SILVERTHORN LN
PONTE VEDRA, FL. US 32081

Article III

The purpose for which this Limited Liability Company is organized is:

WELLNESS CLINIC

Article IV

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

JULEE MILLER
361 W SILVERTHORN LN
PONTE VEDRA, FL. 32081

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.

Registered Agent Signature: JULEE MILLER

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Article V

The name and address of managing members/managers are:

Title: MGRM
JULEE MILLER
361 W SILVERTHORN LN
PONTE VEDRA, FL. 32081 US

Title: MGRM
TAMARA L LUFFY
361 W SILVERTHORN LN
PONTE VEDRA, FL. 32081 US

Article VI

The effective date for this Limited Liability Company shall be:

08/29/2008

Signature of member or an authorized representative of a member

Signature: TAMARA L LUFFY