

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000003919
FILED 8:00 AM
January 12, 2009
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

BLUEWATER CHIROPRACTIC WELLNESS CENTER, LLC

Article II

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

4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL. 32578

The mailing address of the Limited Liability Company is:

4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL. 32578

Article III

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

TO ENGAGE IN THE BUSINESS OF CHIROPRACTIC, HEALTH WELLNESS
AND RELATED SERVICES AND/OR TO PROMOTE ANY LAWFUL
BUSINESSES OR PURPOSES THAT A LIMITED LIABILITY COMPANY IS
LEGALLY ALLOWED TO CONDUCT OR PROMOTE, WITHIN THIS STATE OR
ANY OTHER JU

Article IV

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

APRIL W LEE
4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL. 32578

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: APRIL W. LEE

Article V

The name and address of managing members/managers are:

Title: MGRM
APRIL W LEE
4400 E HIGHWAY 20, SUITE 207
NICEVILLE, FL. 32578

Title: MGRM
JAMIE LEE
4400 E HIGHWAY 20, SUITE 207
NICEVILLE, FL. 32578

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Article VI

The effective date for this Limited Liability Company shall be:

01/06/2009

Signature of member or an authorized representative of a member

Signature: MICHAEL S. MCDUFFIE