Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

companion care og the nature coast, ll

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ARTICLES OF ORGANIZATION FOR COMPANION CARE OF THE NATURE COAST, LLC A FLORDA LIMITED LIABILITY COMPANY

In compliance with the requirements of F.S. Chapter 608, the undersigned hereby acts as an organizer in adopting and filing the following articles of organization incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the Limited Liability Company is: Companion Care of the Nature Coast, LLC

ARTICLE II

The street address of the principal office of this Limited Liability Company is: 7821 Talisman Drive, Port Richey, Florida 34668.

ARTICLE-III

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

Rick A. Buchwalter, Esq. Law Office of Sonny Im 39780 US 19 North Tarpon Springs, Florida 34689

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 fumiliar with and accept the obligation of my position as registered agent as provided for in Chapter 609, F.S.

Rick A. Buchwalter, Es

ARTICLE IV

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

Title:

Name and Address:

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24124C000POH

Managing Member

Curt Brown 7821 Talisman Drive Port Richey, Florida 34668

REQUIRED SIGNATURE:

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of porjury that the facts stated berein are true.)

Rick A. Huchwalter as authorized representative of a member Typed same of signed

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SECRETARY OF STATE

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