

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

**L09000021447  
FILED 8:00 AM  
March 04, 2009  
Sec. Of State  
thampton**

**Article I**

The name of the Limited Liability Company is:

FLORIDA INSTITUTE OF OROFACIAL MYOLOGY, LLC

**Article II**

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

3930 S. NOVA ROAD  
SUITE 201  
PORT ORANGE, FL. US 32127

The mailing address of the Limited Liability Company is:

6059 SABAL CREEK BLVD.  
PORT ORANGE, FL. US 32128

**Article III**

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

ANY AND ALL LAWFUL BUSINESS, INCLUDING THE AUTHORITY TO  
HOLD, MORTGAGE, CONVEY OR LEASE REAL OR PERSONAL PROPERTY.

**Article IV**

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

BETH A THOMPSON  
6059 SABAL CREEK BLVD.  
PORT ORANGE, FL. 32128

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: BETH A. THOMPSON

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
BETH A THOMPSON  
6059 SABAL CREEK BLVD.  
PORT ORANGE, FL. 32128 US

Title: MGR  
STEPHEN W VUOLO  
6059 SABAL CREEK BLVD.  
PORT ORANGE, FL. 32128 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

03/01/2009

Signature of member or an authorized representative of a member

Signature: BETH A. THOMPSON

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