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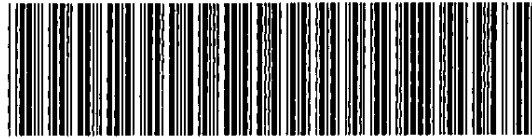
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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 14 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 096266 81093A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : August 13, 2009

ORDER TIME : 3:45 PM

ORDER NO. : 096266-005

CUSTOMER NO: 81093A

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: PATRICIA COCCOMA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

Articles of Organization of Patricia Coccoma, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

Article One Name

The name of the Limited Liability Company is Patricia Coccoma, LLC.

Article Two Registered Agent

The initial registered agent of the Company is: Patricia Coccoma, Ed.D., L.C.S.W.. The registered address of the Company is: 1342 Colonial Boulevard #B910, Fort Myers, Florida 33907.

Article Three Principal Office

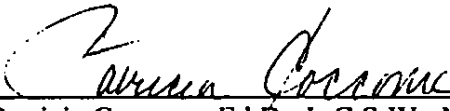
The mailing and street address of the principal office of the Company are: 1342 Colonial Boulevard #B910, Fort Myers, Florida 33907.

Article Four Management and Purpose

The Company shall be a manager-managed company, and shall initially be managed by Patricia Coccoma, Ed.D., L.C.S.W.. The Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The general purpose of the Company is to perform any lawful business, including the family management of family interests, within or without the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned members have made and subscribe these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this _____ day of August 13, 2009

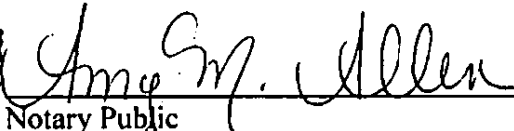

Patricia Coccoma Ed.D., L.C.S.W., Member/Manager

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me on 13th day of August, 2009 by Patricia Coccoma Ed.D., L.C.S.W., who (☒) is personally known to me or who () has produced NIA as identification.



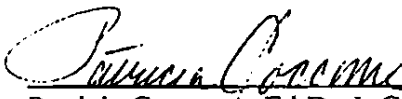

Notary Public

My Comm. Expires:
My Comm. No.:

Printed Notary Signature

Acceptance of Registered Agent

Having been named as registered agent and to accept service of process for Patricia Coccoma, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.


Patricia Coccoma, Ed.D., L.C.S.W.

Date: August 13, 2009