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(Address)

(Address)

(City/State/Zip/Phone #)

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10 FEB -1 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB -2 2009

EXAMINER

**NEXT LEVEL HEALTH SERVICES, LLC  
PO BOX 731  
MANGO, FL 33550**

December 31, 2009

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**FILED**  
10 FEB - 1 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed please find the original Articles of Organization of Next Level Health Services, LLC, together with the prescribed state registration fees.

Please file these articles with your office, and forward the recorded copy of the articles to the mailing address indicated thereon.

Sincerely,



Marqus Johnson  
Managing Member  
Registered Agent

ARTICLES OF ORGANIZATION  
of  
**Next Level Health Services, LLC**  
A LIMITED LIABILITY COMPANY  
(Pursuant to Chapter 608, Florida Statutes)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NAME:** The name of the limited liability company is Next Level Health Services, LLC.

**PURPOSE:** The purpose of this member managed limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

**1. ADDRESS OF PRINCIPAL OFFICE:** The street address of the principal office of the limited liability company is:

4644 Harts Brook Lane, Mulberry, Fl 33860

**2. MAILING ADDRESS:** The mailing address of the limited liability company is:


PO Box 731, Mango, Fl 33550

**3. MANAGEMENT:** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

**4. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:** The name and the Florida street address of the registered agent is:

Marqus Johnson  
4644 Harts Brook Ln  
Mulberry, Fl 33860


*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 provisional 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 as provided for in Chapter 608, F.S.*



Marqus Johnson

**EFFECTIVE DATE:** The effective date of the limited liability company shall be the date of filing unless otherwise stated below.

January 1, 2010

A handwritten signature in dark ink, appearing to be 'M. B.', is written over a horizontal line.

Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA