Electronic Articles of Organization
For
Florida Limited Liability Company

L10000021137
FILED 8:00 AM
February 24, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

CODY HEALTH SOLUTIONS, LLC

Article II

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

1412 PROVINCETOWN CIRCLE
LUTZ, FL. 33549

The mailing address of the Limited Liability Company is:

P.O. BOX 151634
TAMPA, FL. 33684

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JOHN H RAINS III
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL. 33602

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: JOHN H. RAINS, III

Article V

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The name and address of managing members/managers are:

Title: MGR
LOIS MABARI
1412 PROVINCETOWN CIRCLE
LUTZ, FL. 33549

Title: MGRM
DEBBIE R MABARI
P.O. BOX 151634
TAMPA, FL. 33684

Signature of member or an authorized representative of a member

Signature: JOHN H. RAINS, III