

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

**L10000047148
FILED 8:00 AM
May 03, 2010
Sec. Of State
Isellers**

Article I

The name of the Limited Liability Company is:

JILL M. ALLEN ARNP, LLC

Article II

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

1299 HIGHWAY 90 WEST SUITE 1
DEFUNIAK SPRINGS, FL. US 32435

The mailing address of the Limited Liability Company is:

PO BOX 184
DEFUNIAK SPRINGS, FL. US 32435

Article III

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

ADULT NURSE PRACTITIONER PRIVATE PRACTICE □□□□

Article IV

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

JILL M ALLEN
1299 HWY 90 WEST SUITE 1
DEFUNIAK SPRINGS, FL. 32435

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: JILL M ALLEN

Article V

The name and address of managing members/managers are:

Title: MGRM
JILL ALLEN
PO BOX 184
DEFUNIAK SPRINGS, FL. 32435 US

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Article VI

The effective date for this Limited Liability Company shall be:

04/27/2010

Signature of member or an authorized representative of a member

Signature: JILL M. ALLEN