

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

L10000095006
FILED 8:00 AM
September 10, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:

HEALTHCARE PERFORMANCE SLEEP RESOURCES LLC

Article II

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

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL. 33306

The mailing address of the Limited Liability Company is:

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL. 33306

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:

KEVIN REYNOLDS CPA
2401 NW BOCA RATON BOULEVARD
BOCA RATON, FL. 33431

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: KEVIN REYNOLDS

Article V

The name and address of managing members/managers are:

Title: MGR
ANTHONY ALTMANN
3471 NORTH FEDERAL HIGHWAY SUITE# 506
FT LAUDERDALE, FL. 33306 US

Title: MGR
RICHARD MELI MD
3471 NORTH FEDERAL HWY SUITE# 506
FT LAUDERDALE, FL. 33306 US

Title: MGR
JOHN HARTER
3471 NORTH FEDERAL HWY SUITE# 506
FT LAUDERDALE, FL. 33306 US

Title: MGR
WILLIAM STAMER
3471 NORTH FEDERAL HWY SUITE# 506
FT LAUDERDALE, FL. 33306 US

Signature of member or an authorized representative of a member

Signature: ANTHONY ALTMANN

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