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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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FLORIDA LIMITED LIABILITY CO.
lumbar support solutions, llc

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H10000224175
**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

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LUMBAR SUPPORT SOLUTIONS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall be:

LUMBAR SUPPORT SOLUTIONS, LLC

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company:**

**7930 SUNBURST TERRACE
LAKE WORTH, FL 33467**

ARTICLE IV

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

**H. GARY BERLIN
545 N.E. 19th AVENUE
DEERFIELD BEACH, FL 33441**

ARTICLE V

The name of the Managing Member(s) and Member(s) shall be:

**MANAGING MEMBER/MEMBER
DARREN MAJORS**

MEMBER

ANN-MARIE PATERO

MEMBER

RANDY LUNDI

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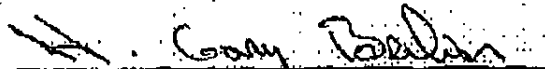
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LUMBAR SUPPORT SOLUTIONS, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.


Signature of Registered Agent


Signature of a member or an authorized representative of a member

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

ANN-MARIE PATERO

Typed or printed name of signee

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