

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

L10000116963  
FILED 8:00 AM  
November 10, 2010  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

DOWNTOWN CENTER FOR ORIENTAL MEDICINE, PLLC

**Article II**

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

211 SW 4TH AVE.  
SUITE 2  
GAINESVILLE, FL. US 32601

The mailing address of the Limited Liability Company is:

211 SW 4TH AVE.  
SUITE 2  
GAINESVILLE, FL. US 32601

**Article III**

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

LICENSED ACUPUNCTURISTS

**Article IV**

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

JAMES L BROOKS  
211 SW 4TH AVE.  
SUITE 2  
GAINESVILLE, FL. 32601

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: JAMES L BROOKS

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JAMES L BROOKS  
211 SW 4TH AVE., SUITE 2  
GAINESVILLE, FL. 32601 US

Title: MGRM  
CARRIE HULL  
211 SW 4TH AVE., SUITE 2  
GAINESVILLE, FL. 32601 US

Signature of member or an authorized representative of a member

Signature: JAMES L BROOKS

L10000116963  
FILED 8:00 AM  
November 10, 2010  
Sec. Of State  
tcline