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FLORIDA LIMITED LIABILITY CO.
Coastal Cranial Care, LLC

Certificate of Status	0
Certified Copy	1
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Fax Audit No. H13000245465 3
Page 1 of 3

**ARTICLES OF ORGANIZATION
OF
COASTAL CRANIAL CARE, LLC**

The undersigned, acting as the authorized representative of the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I
Name**

The name of the limited liability company is Coastal Cranial Care, LLC.

**ARTICLE II
Address**

The principal office and mailing address of the Company is 1816 Inner Oak Circle, Apartment 101, Tampa, Florida 33619.

**ARTICLE III
Effective Date**

The effective date of filing of these Articles of Organization shall be: November 5, 2013.

**ARTICLE IV
Duration**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE V
Purpose and Powers**

The general purpose for which the Company is organized is to conduct and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

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Page 2 of 3

ARTICLE VI
Registered Office and Agent

The name and street address of the initial registered agent of the Company in the State of Florida is: Richard A. Jacobson, Esq., c/o of Fowler White Boggs, P.A., 501 E. Kennedy Boulevard, Suite 1700, Tampa, Florida 33602.

ARTICLE VII
Management

This company shall be a manager-managed company. The name and street address of the initial managers of this company are as follows:

Name:

Richard L. Hughes

Andrea de Tomasi

Address:

1816 Inner Oak Circle, Apartment 101,
Tampa, Florida 33619

1816 Inner Oak Circle, Apartment 101,
Tampa, Florida 33619

ARTICLE IV
Effective Date

Dated this 5th day of November, 2013.

By: 

Name: Richard A. Jacobson

Title: Authorized Representative

Fax Audit No. H13000245465 3
Page 3 of 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Coastal Cranial Care, LLC.
2. The name and address of the registered agent and office is:

Richard A. Jacobson, Esq.
c/o of Fowler White Boggs, P.A.
501 E. Kennedy Boulevard, Suite 1700
Tampa, Florida 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.



Print Name: Richard A. Jacobson

November 5, 2013
Date

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