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Account Number : I20050000141 Phone : (904)997-1033 Fax Number : (904)997-1733

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FLORIDA LIMITED LIABILITY CO.

Coastal Care Solutions, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF COASTAL CARE SOLUTIONS, LLC

The undersigned organizer, who is an Authorized Representative of COASTAL CARE SOLUTIONS, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE 1 - NAME

The name of the Company is COASTAL CARE SOLUTIONS, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1474 South 3rd Street, Jacksonville Beach, Florida 32250.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent is GLAZIER, GLAZIER & DIETRICH, P.A., 8825 Perlmeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

ARTICLE IV - MANAGEMENT

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

ARTICLE V- DESIGNATION OF INITIAL MANAGERS

The name and street address of the initial Managers of the Company are as follows:

Kellie Williams

1831 Twelve Oaks Lane South Neptune Beach, Florida 32266 S. Colton Sloan

103 Autumn Springs Court West

Jacksonville, Florida 32225

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ARTICLE V- DESIGNATION OF INITIAL OFFICERS

The name and street address of the initial Officers of the Company are as follows:

PRESIDENT:
S. Colton Sloan
103 Autumn Springs Court West
Jacksonville, Florida 32225

CHIEF OPERATING OFFICER:
Steven Sutherlin
607 17th Avenue North
Jacksonville Beach, Florida 32250

CHIEF FINANCIAL OFFICER AND SECRETARY:
Kellie Williams
1831 Twelve Oaks Lane South Neptune Beach, Florida 32266

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the foregoing Articles of Organization on the day of devotors 12020.

KELLIE WILLIAMS

An Authorized Representative

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named as registered agent, agrees to accept service of process for the above named ilmited liability company at the place designated in these Articles. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for COASTAL CARE SOLUTIONS, LLC as provided for in Chapter 605, F.S.

GLAZIER, GLAZIER & DIETRICH, P.A.

Name: Scott L. Glazier

Its: President

Date: 2/20/2+20

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