

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

L200002
FILED 8:
July 22,
Sec. Of s
slsingleton

Article I

The name of the Limited Liability Company is:

THE INSTITUTE OF HEALTHCARE SCIENCES LLC

Article II

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

3105 W WATERS AVE
SUITE 206
TAMPA, FL. US 33614

The mailing address of the Limited Liability Company is:

PO BOX 6174
HUDSON, FL. US 34674

Article III

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

STEVEN S KEITHLEY
3105 W WATERS AVE
SUITE 206
TAMPA, FL. 33614

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: STEVEN S KEITHLEY

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: MGR
STEVEN S KEITHLEY
3105 W WATERS AVE SUITE 206
TAMPA, FL. 33614 US

Title: MGR
JERROD T HEDDEN
3105 W WATERS AVE SUITE 206
TAMPA, FL. 33614 US

Signature of member or an authorized representative

Electronic Signature: STEVEN S KEITHLEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.