5/24/2021

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Address:

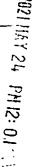
FLORIDA LIMITED LIABILITY CO. GAPS Health Collaborative FL PLLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To: 18506176381

The name of the Limited Liability Company is:

GAPS Health Collaborative FL PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5319 Betheny Circle	5319 Betheny Circle
Superior Twp, Michigan, 48198	Superior Twp, Michigan, 48198
	

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are.

C T Corporation Sys	stem	
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	is (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Name and Address:
<u>itte:</u> AMBR" = Authorized Member	
MGR" = Manager	
Member	Sonati Wilborn
Menner	5319 Betheny Cir
	Superior Twp, MI 48198
	
V: Effective date, if other than tive date is listed, the date mu filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
tive date is listed, the date mu filing.) he date inserted in this block do ent's effective date on the Department. VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than tive date is listed, the date mu filing.) ne date inserted in this block doent's effective date on the Department of the PLLC: A professional EOUIRED SIGNATURE: Signature This document in the content of the procession of the procession of the profession of the profe	the specific and cannot be more than five business days prior to or 90 less not meet the applicable statutory filing requirements, this date will not attend of State's records. I corporation organized to engage in the practice of medicine A subsection of a member or an authorized representative of a member, as executed in accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than tive date is listed, the date mu filing.) ne date inserted in this block doent's effective date on the Department of the PLLC: A professional EOUIRED SIGNATURE: Signature This document if am aware that:	es not meet the applicable statutory filing requirements, this date will not attment of State's records. I corporation organized to engage in the practice of medicine of a member or an authorized representative of a member, sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817,155, F.S.
V: Effective date, if other than tive date is listed, the date mu filing.) ne date inserted in this block doent's effective date on the Department of the PLLC: A professional Signature This document if am aware that:	es not meet the applicable statutory filing requirements, this date will not attment of State's records. I corporation organized to engage in the practice of medicine of a member or an authorized representative of a member, as executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State