

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

L22000261384
FILED 8:00 AM
June 07, 2022
Sec. Of State
oisimmons

Article I

The name of the Limited Liability Company is:
ELEVATED PRIMARY CARE PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
7957 N UNIVERSITY DR #137
PARKLAND, FL. US 33067

The mailing address of the Limited Liability Company is:
7957 N UNIVERSITY DR #137
PARKLAND, FL. US 33067

Article III

Other provisions, if any:
PRIMARY MEDICAL CARE OPERATED BY A LICENSED PHYSICIAN NPI
1902115868

Article IV

The name and Florida street address of the registered agent is:
AMANDA KOWALSKI
7957 N UNIVERSITY DR
#137
PARKLAND, FL. 33076

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: AMANDA KOWALSKI

Article V

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

Title: AP
AMANDA KOWALSKI DO
7957 N UNIVERSITY DR #137
PARKLAND, FL. 33067 UN

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Article VI

The effective date for this Limited Liability Company shall be:

06/07/2022

Signature of member or an authorized representative

Electronic Signature: AMANDA KOWALSKI

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.