

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

L23000471785
FILED 8:00 AM
October 13, 2023
Sec. Of State
olsimmons

Article I

The name of the Limited Liability Company is:
EQUILIBRIUM WELLNESS CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3819 SW HABLOW STREET
PORT SAINT LUCIE, FL. 34953

The mailing address of the Limited Liability Company is:
3819 SW HABLOW STREET
PORT SAINT LUCIE, FL. 34953

Article III

The name and Florida street address of the registered agent is:
LESLY ESTRIPLET
3819 SW HABLOW STREET
PORT ST LUCIE, FL. 34953

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: LESLY ESTRIPLET

Article IV

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

Title: PRES
ESTRIplet LESLY
3819 SW HABLOW STREET
PORT ST LUCIE, FL. 34953

Title: VP
KESNEL THEUS D.O.M
1195 N. MILITARY TRAIL, SUITE 5-B
WEST PALM BEACH, FL. 33409

Title: V.P.
LLILIAN MEDINA FILIU
3819 SW HABLOW STREET
PORT ST LUCIE, FL. 34953

Signature of member or an authorized representative

Electronic Signature: LESLY ESTRIplet

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.