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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

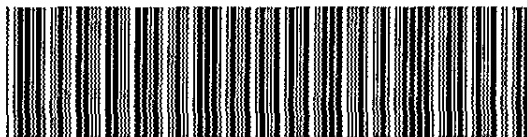
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03 MAY -5 AM 10:43  
TALLAHASSEE, FLORIDA

SHAPIRO SONTAG  
LAWYERS

KENNETH W. SHAPIRO  
KSHAPIRO@LAWSHAPIRO.COM

May 2, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Alliance for Healthcare Consulting, LLC.  
Articles of Organization

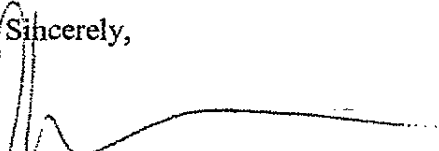
Ladies and Gentlemen:

Enclosed please find the following items required for the formation of Alliance for Healthcare Consulting, LLC, a Limited Liability Company:

1. A Check for \$125.00 representing the filing fee and the registered agent fee.
2. Executed Articles of Organization.
3. Designation of a Registered Agent.

If you have any questions regarding these filings or require additional information, please call.

Sincerely,



Kenneth W. Shapiro

KWS:aat  
Enclosures

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
ALLIANCE FOR HEALTHCARE CONSULTING, LLC,  
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
NAME**

The name of the Limited Liability Company is ALLIANCE FOR HEALTHCARE CONSULTING, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 1776 N. Pine Island Road, Suite 318, Plantation, Florida 33322

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the initial registered agent are Kenneth W. Shapiro, Esq., 1776 N. Pine Island Road, Suite 326, Fort Lauderdale, Florida 33322

**ARTICLE IV  
MANAGEMENT:**

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 15<sup>th</sup> day of May, 2023. In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation by me, under the penalties of perjury, that the facts stated herein are true.

Melissa Morris  
Signature of authorized representative

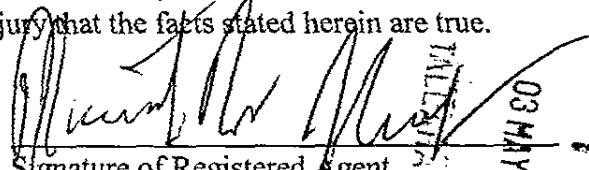
Melissa Morris  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Signature of Registered Agent  
KENNETH W. SHAPIRO  
Typed or printed name of Registered Agent

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FLORIDA