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AGAPE HEALTHCARE CONSULTANT GROUP, LLC

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ARTICLES OF ORGANIZATION

OF

AGAPE HEALTHCARE CONSULTANT GROUP, LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned hereby subscribes to these Articles of Organization for a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I

The name of this limited liability company is:

AGAPE HEALTHCARE CONSULTANT GROUP, LLC

ARTICLE II

The mailing address of the principal office of this limited liability company shall be **4155 NW 67 TERRACE, LAUDERHILL FL 33319** and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

**SHATINA G. KEGLER
4155 NW 67 TERRACE
LAUDERHILL FL 33319**

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

MEDICAL BILLING AND HEALTHCARE CONSULTING

ARTICLE IV

The period of duration for the limited liability company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This limited liability company may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida. Without limiting any of the purposes, powers and objects of this limited liability company it is expressly declared and provided that this limited liability company shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, and to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon limited liabilities companies, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by law.

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ARTICLE V

The limited liability company shall be managed by the members with voting power prorata to their interest. The rights and duties of the members shall be set forth in the regulations of this limited liability company which are incorporated herein by reference.

The names and addresses of the initial members of this limited liability company are:

SHATINA G. KEGLER
4155 NW 67 TERRACE
LAUDERHILL, FL 33319

WILBUR C. KEGLER JR
4155 NW 67 TERRACE
LAUDERHILL, FL 33319

The name and address of the managing member/member is:

SHATINA G. KEGLER
4155 NW 67 TERRACE
LAUDERHILL, FL 33319

WILBUR C. KEGLER JR
4155 NW 67 TERRACE
LAUDERHILL, FL 33319

ARTICLE VI

In the event of withdrawal, retirement, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, this limited liability company shall remain in existence and continue in business pursuant to the applicable provisions of the regulation.

ARTICLE VII

The members of the limited liability company shall adopt regulations containing all provisions for the regulations and management of this company which shall be consistent with the laws or these articles.

ARTICLE VIII

A member's interest in this limited liability company may be transferred only with the unanimous written consent of all remaining members if the transferee intends to become a member.

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ARTICLE IX

The articles may be amended at any time by the unanimous consent of the members as deemed appropriate to facilitate the accomplishment of the purpose of the limited liability company, and the amendment shall be executed and duly filed with the Florida Department of State

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0203 (1) (b), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is:

AGAPE HEALTHCARE CONSULTANT GROUP, LLC

The name and address of the registered agent and office is:

SHATINA G. KEGLER
4155 NW 67 TERRACE
LAUDERHILL FL 33319

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 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...

Shatina G. Kogler
Signature of Registered Agent

4/25/16
Date

The undersigned authorized representative, SHATINA G. KEGLER, a member of AGAPE HEALTHCARE CONSULTANT GROUP, LLC Deposes and says:

The above named limited liability company has two (2) members.

Shatina G. Kogler

Name of Authorized Representative of Member

Shatina G. Kogler
Signature of Authorized Representative of Member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

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