

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

L17000026167
FILED 8:00 AM
February 01, 2017
Sec. Of State
kpcardwell

Article I

The name of the Limited Liability Company is:
NIMBUS HEALTH SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
14628 BRADLEY MAX COURT
JACKSONVILLE, FL. 32218

The mailing address of the Limited Liability Company is:
P.O. BOX 77612
JACKSONVILLE, FL. 32226

Article III

Other provisions, if any:

THIS LLC IS ESTABLISHED TO PROVIDE ORGANIZATIONAL AND
COMMUNITY-BASED HEALTH EDUCATION.

Article IV

The name and Florida street address of the registered agent is:

TIFFANI N MICKENS
14628 BRADLEY MAX COURT
JACKSONVILLE, FL. 32218

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: TIFFANI N MICKENS

Article V

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

Title: AR
TIFFANI N MICKENS
14628 BRADLEY MAX COURT
JACKSONVILLE, FL. 32218 US

Title: MGR
TERRENCE M HUGGINS
9375 10TH AVENUE
JACKSONVILLE, FL. 32208 US

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Signature of member or an authorized representative

Electronic Signature: TIFFANI N MICKENS

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.