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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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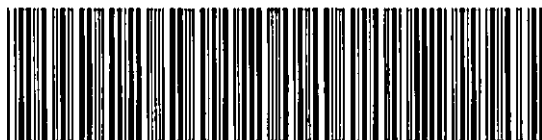
(Business Entity Name)

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SECTION 1 OF STATE
TALLAHASSEE FLORIDA

10/13/17

Brian M. Artze
Transitional Health Care Solutions, LLC
2810 Kipps Colony Dr. S.
Gulfport, FL 33707

October 21, 2017

Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Transitional Health Care Solutions, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

A handwritten signature in black ink, appearing to be "Brian M. Artze", with a long horizontal line extending to the right.

Brian M. Artze
Transitional Health Care Solutions, LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

TRANSITIONAL HEALTH CARE SOLUTIONS, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Transitional Health Care Solutions, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

2810 Kipps Colony Dr. S.
Gulfport, FL 33707

The organization's mailing address shall be as follows:

2810 Kipps Colony Dr. S.
Gulfport, FL 33707

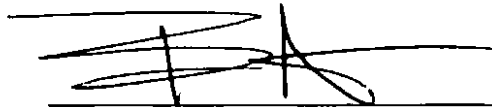
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Brian M. Artze
2810 Kipps Colony Dr. S.
Gulfport, FL 33707

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 as provided for in Chapter 605, F.S.



Brian M. Artze, Registered Agent

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE VI - MANAGERS

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and es of the initial managers of the organization are as follows:

Brian M. Artze
2810 Kipps Colony Dr. S.
Gulfport, FL 33707

Kara Maset
2717 Via Cipriani Unit 610A
Clearwater, FL 33764

17 OCT 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII - SIGNER


The name and address of the person signing these Articles of Organization is as follows:

Brian M. Artze
2810 Kipps Colony Dr. S.
Gulfport, FL 33707

ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are not also members and is, therefore, a manager - managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 9th day of October, 2017

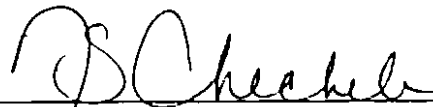


Brian M. Artze

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Brian M. Artze, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. Dr. License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 9th day of October, 2017



Notary Public, State of Florida at Large
My Commission Expires:

