

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

L18000024214
FILED 8:00 AM
January 26, 2018
Sec. Of State
bnmalchow

Article I

The name of the Limited Liability Company is:

HEALTHCARE PROFESSIONALS ASSOCIATION OF NORTH WEST
FLORIDA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6901-A N. 9TH AVENUE
#152
PENSACOLA, FL. 32504

The mailing address of the Limited Liability Company is:

6901-A N. 9TH AVENUE
#152
PENSACOLA, FL. 32504

Article III

Other provisions, if any:

EXCLUSIVE PURPOSE IS RELIGIOUS, CHARITABLE, OR EDUCATIONAL;
NO EARNINGS INURE TO BENEFIT ANY MEMBER OR INDIVIDUAL; NO
SUBSTANTIAL ACTIVITIES ATTEMPT TO INFLUENCE LEGISLATION OR
CAMPAIGN FOR OR AGAINST ANY POLITICAL CANDIDATE.

Article IV

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

TOMMY G SMITH
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL. 32502

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: TOMMY G. SMITH

Article V

L18000024214
FILED 8:00 AM
January 26, 2018
Sec. Of State
bnmalchow

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

Title: MGR
AMANDA WADDELL
2355 TALL OAK DRIVE
CANTONMENT, FL. 32533 US

Title: MRG
JOHN HORTON
960 LANGLEY AVENUE
PENSACOLA, FL. 32504 US

Title: MGR
KENNY HOLT
1602 N. REUS STREET
PENSACOLA, FL. 32501 US

Title: MGR
STELLA MALAMO
C/O BROOKDALE 8700 UNIVERSITY PARKWAY
PENSACOLA, FL. 32514 US

Title: AMBR
JENNIFER PIVER
3740 BENGAL ROAD
GULF BREEZE, FL. 32563 US

Article VI

The effective date for this Limited Liability Company shall be:

01/26/2018

Signature of member or an authorized representative

Electronic Signature: AMANDA WADDELL

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.