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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
| (Ad | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Nar | me) |
| (D | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Dr. Mary Danley, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MARY ELIZABETH DANLEY Name of Person |
| Firm/Company |
| 974 COSMOS CT. Address |
| WELLINGTON, FL 33414 City/State and Zip Code mary danley Qyanoo. Com E-mail address: (to be used for future about report notification) |
| For further information concerning this matter, please call: |
| Many Danley at (300) 401-7647 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|-------------------------------------|---|
| Dr. Mary Dank | ey, LLC | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | _ |
| ARTICLE II - Address: The mailing address and street address of the principal office of | f the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 974 Cosmos Ct | 074 Cosmos Ct | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

974 COSMOS Ct

Florida street address (P.O. Box NOT acceptable)

Wellington FL 33414

City State Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

28.0 JUL 24 AM 2:59

| "MGR" = Manager MGR" = Manager Mary Elizabeth Danil 974 Cosmos (t) Wellington FL 33414 | | Name and Address: | tle: AMBR" = Authorized Member |
|---|------------|----------------------|---|
| | MIN JUL 24 | 974 Cosmos (+ F | /IGR" = Manager |
| | 2: 59 | 79 70 70 70 | |
| | | | |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 1 20 18 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or of filing.) | 90 days a | 6 (01 1101/11E) | V: Effective date, if other than the date ive date is listed, the date must be sp |

REOUIRED SIGNATURE:

ADDICT P IN

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Mary Elizabeth Danley
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)