

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

L18000203757  
FILED 8:00 AM  
August 24, 2018  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

NURSING LYTE, LLC

**Article II**

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

550 OKEECHOBEE BLVD  
1616  
WEST PALM BEACH, FL. 33401

The mailing address of the Limited Liability Company is:

550 OKEECHOBEE BLVD  
1616  
WEST PALM BEACH, FL. 33401

**Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

**Article IV**

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

ALLIANCE FINANCIAL SERVICES OF FLORIDA LLC  
2101 VISTA PKWY  
122  
WEST PALM BEACH, FL. 33411

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: JOSEPH FASCIGLIONE

## **Article V**

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

Title: P  
DENISE MESKUNAS  
550 OKEECHOBEE BLVD  
WEST PALM BEACH, FL. 33401 US

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Signature of member or an authorized representative

Electronic Signature: JOSEPH FASCIGLIONE

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.