

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

L19000013363  
FILED 8:00 AM  
January 11, 2019  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

COMPREHENSIVE WOUND CARE PARTNERS, LLC

**Article II**

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

2100 OAK HAMMOCK DR.  
PONTE VEDRA BEACH, FL. 32082

The mailing address of the Limited Liability Company is:

2100 OAK HAMMOCK DR.  
PONTE VEDRA BEACH, FL. 32082

**Article III**

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL. 32082

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: CLAY B. TOUSEY III

### **Article IV**

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

Title: MGR  
SCOTT COVINGTON  
2100 OAK HAMMOCK DR.  
PONTE VEDRA BEACH, FL. 32082

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### **Article V**

The effective date for this Limited Liability Company shall be:

01/11/2019

Signature of member or an authorized representative

Electronic Signature: TRACI VENABLE

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.