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(Address)

(Address)

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DIVISION OF CORPORATIONS
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MAY 28 2019

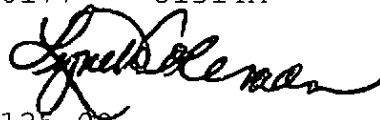
x Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 780177 81514A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : May 24, 2019

ORDER TIME : 1:11 PM

ORDER NO. : 780177-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: HARKEY MEDICAL SERVICES, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: HARKEY MEDICAL SERVICES, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: P.O. Box 7867, Lakeland, Florida 33807

b: Street Address: 515 Mango Street, Englewood, Florida 34223

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

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

Jess Morton Harkey, III

Name

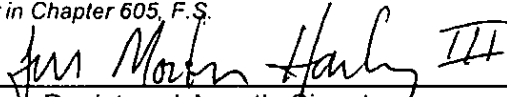
312 Mango Street

Florida street address (Post Office Box NOT acceptable)

Englewood, FL 34223

City, State and 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.


Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

_____ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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ARTICLE V –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

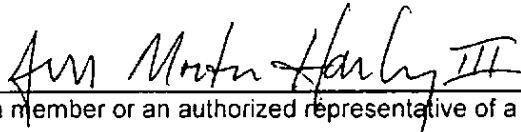
AMBR

JESS MORTON HARKEY, III
P.O. BOX 7867
LAKELAND, FLORIDA 33807

ARTICLE VI: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

**PURPOSE: ENGAGING IN THE BUSINESS OF NURSING AND MEDICAL
MANAGEMENT SERVICES.**



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JESS MORTON HARKEY, III

Typed or printed name of signee