

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

L19000145537  
FILED 8:00 AM  
June 10, 2019  
Sec. Of State  
lyarbrough

**Article I**

The name of the Limited Liability Company is:  
ALTERNATIVE CONCIERGE CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
324 S HYDE PARK AVE  
SUITE 350  
TAMPA, FL. 33606

The mailing address of the Limited Liability Company is:  
324 S HYDE PARK AVE  
SUITE 350  
TAMPA, FL. 33606

**Article III**

Other provisions, if any:  
MEDICAL SERVICES

**Article IV**

The name and Florida street address of the registered agent is:  
STEPHANIE O'DONNELL  
324 S HYDE PARK AVE.  
SUITE 350  
TAMPA, FL. 33606

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: STEPHANIE O'DONNELL

## Article V

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

Title: MGR  
KIRK O'DONNELL  
324 S. HYDE PARK AVE  
SUITE 350, FL. 33606

Title: MGR  
STEPHANIE O'DONNELL  
324 S. HYDE PARK AVE  
SUITE 350, FL. 33606

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Signature of member or an authorized representative

Electronic Signature: STEPHANIE O'DONNELL

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.