

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

L19000158009
FILED 8:00 AM
June 14, 2019
Sec. Of State
mdsellors

Article I

The name of the Limited Liability Company is:
RECOVERY ROOM NURSE AT HOME PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
6404 BARTON CREEK CIRCLE
LAKE WORTH, FL. US 33463

The mailing address of the Limited Liability Company is:
6404 BARTON CREEK CIRCLE
LAKE WORTH, FL. US 33463

Article III

Other provisions, if any:
LICENSED REGISTERED NURSE PROVIDE POSTOPERATIVE NURSING
CARE AT HOME, ONCE PATIENT IS DISCHARGED FROM
FACILITY.

Article IV

The name and Florida street address of the registered agent is:
TRINA WALKER
6404 BARTON CREEK CIRCLE
LAKE WORTH, FL. 33463

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: TRINA WALKER

Article V

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

Title: AMBR
TRINA WALKER
6404 BARTON CREEK CIRCLE
LAKE WORTH, FL. 33463 US

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Signature of member or an authorized representative

Electronic Signature: MARSHA SIHA

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.