

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

L19000167698  
FILED 8:00 AM  
June 26, 2019  
Sec. Of State  
kbrumbley

**Article I**

The name of the Limited Liability Company is:

ALLIMED, LLC

**Article II**

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

621 SW BAYA DRIVE  
LAKE CITY, FL. 31792

The mailing address of the Limited Liability Company is:

615 S HANSELL ST  
THOMASVILLE, GA. 31792

**Article III**

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

KRISTIN SHOKAT  
621 SW BAYA DRIVE  
LAKE CITY, FL. 31792

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: KRISTIN SHOKAT

## Article IV

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

Title: AMBR  
MAX SHOKAT  
253 ROUNDTREE RD  
THOMASVILLE, GA. 31792

L19000167698  
FILED 8:00 AM  
June 26, 2019  
Sec. Of State  
kbrumbley

Signature of member or an authorized representative

Electronic Signature: MAX SHOKAT

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.