

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

L19000168349  
FILED 8:00 AM  
June 26, 2019  
Sec. Of State  
kbrumbley

**Article I**

The name of the Limited Liability Company is:

ICARE HEALTH PARTNERS LLC

**Article II**

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

1545 E MINNESOTA AVE  
DELAND, FL. 32724

The mailing address of the Limited Liability Company is:

1545 E MINNESOTA AVE  
DELAND, FL. 32724

**Article III**

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

GLORIA S ALONZO-CALLA  
1545 E MINNESOTA AVE  
DELAND, FL. 32724

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: GLORIA ALONZO-CALLA

### **Article IV**

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

Title: MGR  
SHERRY ANN F CAGUIAT  
100 SWEET BIRCH LN  
DELAND, FL. 32724 US

Title: MGR  
GLORIA S ALONZO-CALLA  
1545 E MINNESOTA AVE  
DELAND, FL. 32724 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

06/26/2019

Signature of member or an authorized representative

Electronic Signature: GLORIA ALONZO-CALLA

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.