Electronic Articles of Organization For Florida Limited Liability Company

L19000173769
FILED 8:00 AM
July 03, 2019
Sec. Of State
crico

Article I

The name of the Limited Liability Company is:

WOUND CARE KITS, LLC

Article II

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

216 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL. US 32082

The mailing address of the Limited Liability Company is:

56 FRANKLIN AVE.
PONTE VEDRA BEACH, FL. US 32082

Article III

Other provisions, if any:

OUR PURPOSE IS TO SELL AFFORDABLE WOUND CARE KITS TO DOCTORS, PATIENTS, CAREGIVERS, AND CONSUMERS; TO HELP REDUCE POSTOPERATIVE WOUND COMPLICATIONS, TO LOWER COSTS, AND TO SAVE TIME FOR PATIENTS AFTER SURGERY.

Article IV

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

SCOTT D WARREN II
56 FRANKLIN AVE.
PONTE VEDRA BEACH, FL. 32082

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: SCOTT DAVIS WARREN II

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Article V

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

Title: AMBR
SCOTT D WARREN II
56 FRANKLIN AVE.
PONTE VEDRA BEACH, FL. 32082 US

Title: AMBR
SCOTT D WARREN MD
2 SAN DIEGO RD.
PONTE VEDRA BEACH, FL. 32082 US

Title: AMBR
EVAN A BAKER
348 PABLO RD
PONTE VEDRA BEACH, FL. 32082 US

Title: AMBR
ALEXANDER T ROSE MD
306 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL. 32082 US

Article VI

The effective date for this Limited Liability Company shall be:

07/04/2019

Signature of member or an authorized representative

Electronic Signature: SCOTT DAVIS WARREN II

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.