Electronic Articles of Organization
For
Florida Limited Liability Company

L19000223353
FILED 8:00 AM
September 03, 2019
Sec. Of State
crico

Article I

The name of the Limited Liability Company is:

SENIOR CARE PROVIDER NETWORK, LLC

Article II

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

5369 N NOB HILL RD
SUNRISE, FL. US 33351

The mailing address of the Limited Liability Company is:

POBOX 450039
FORT LAUDERDALE, FL. US 33345

Article III

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

CHEVANY R ORUKOTAN
5369 N NOB HILL RD
FORT LAUDERDALE, FL. 33345

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: CHEVANY ORUKOTAN

Article IV

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

Title: MGR
CHEVANY ORUKOTAN
5369 N NOB HILL RD
SUNRISE, FL. 33351 US

Signature of member or an authorized representative

Electronic Signature: CHEVANY ORUKOTAN

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.