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Florida Department of State
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paulpikehss@outlook.com

FLORIDA LIMITED LIABILITY CO.
HEALTHCARE SIMULATION SERVICES, LLC

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|-----------------------|----------|
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**ARTICLES OF ORGANIZATION
OF
HEALTHCARE SIMULATION SERVICES, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be Healthcare Simulation Services, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

2130 SE 15th Terrace
Cape Coral, Florida 33990

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Name

Address

Paul F. Pike

2130 SE 15th Terrace
Cape Coral, Florida 33990

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

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Name

Paul F. Pike

Address

2130 SE 15th Terrace
Cape Coral, Florida 33990

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company, has executed these Articles of Organization this 7th day of October 2019.

A handwritten signature in cursive script that reads "Paul Pike". The signature is written in dark ink and is positioned above a horizontal line.

Paul Pike
Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Healthcare Simulation Services, LLC.
2. The name and address of the registered agent and office are:

Paul F. Pike
2130 SE 15th Terrace
Cape Coral, Florida 33990

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, as provided for in Chapter 605, Florida Statutes.



Paul F. Pike
Registered Agent