

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

**L19000303889
FILED 8:00 AM
December 13, 2019
Sec. Of State
jsadler**

Article I

The name of the Limited Liability Company is:
SUPREME MEDICAL CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8246 NW SOUTH RIVER DRIVE
MEDLEY, FL. 3166

The mailing address of the Limited Liability Company is:
8246 NW SOUTH RIVER DRIVE
MEDLEY, FL. 3166

Article III

Other provisions, if any:

HEALTH CARE AND ANY OTHER SERVICES AUTHORIZED BY THE UNITED
STATE OF AMERICA

Article IV

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

HR MANAGEMENT SERVICES CORP
5452 E MICHIGAN ST.
APT 5
ORLANDO, FL. 32812

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: FRANCISCO RIVERA

Article V

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

Title: MGR
CASTRO JUAN
8246 NW SOUTH RIVER DRIVE
MEDLEY, FL. 33166

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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2020

Signature of member or an authorized representative

Electronic Signature: JUAN CASTRO COMBS

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.