

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

**L20000037445  
FILED 8:00 AM  
January 31, 2020  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

THE NURSING INSTITUTE LLC

**Article II**

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

627 N. MAIN ST  
KISSIMMEE, FL. US 34744

The mailing address of the Limited Liability Company is:

627 N. MAIN ST  
KISSIMMEE, FL. US 34744

**Article III**

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL. 33907

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: DANA CASE ON BEHALF OF LEGALINC CORPORAT

### **Article IV**

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

Title: AMBR  
CYNTHIA PHILANTROPE  
11792 128TH AVE  
LARGO, FL. 33778 US

**L20000037445**  
**FILED 8:00 AM**  
**January 31, 2020**  
**Sec. Of State**  
jafason

Signature of member or an authorized representative

Electronic Signature: CARRI BROWN

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.