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March 13, 2020

### FEDERAL EXPRESS

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Immediate Family Care, LLC

Dear Ladies and Gentlemen:

Enclosed are the following:

1. The Articles of Organization submitted for filing on behalf of Immediate Family Care, LLC;
2. Our Firm's check in the amount of \$160.00 to cover the filing fee, a Certificate of Status and a certified copy; and
3. An additional copy of the Articles of Organization for certification.

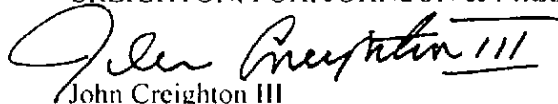
Once the filing has been completed, please return the Acknowledgement Letter of Filing along with the Certificate of Status and a certified copy of the Articles of Organization to me at my Beaumont office address.

After my receipt of the above-referenced filing, all future correspondence concerning this matter (including future annual report notification (via email) and further information) should be directed to Alan Osenbaugh, 130 North Creek Lane, Osprey, FL 34229; Email Address: [alanosmflorida@gmail.com](mailto:alanosmflorida@gmail.com); and Daytime Telephone No.: 940-390-0540.

Thank you.

Sincerely yours,

CREIGHTON, FOX, JOHNSON & MILLS, PLLC



John Creighton III

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardinal Medical Services Florida, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7013 Tamiami Trail

Sarasota, Florida 32431

Mailing Address:

130 North Creek Lane

Osprey, Florida 34229

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alan Osenbaugh

Name

130 North Creek Lane

Florida street address (P.O. Box **NOT** acceptable)

Osprey

City

Florida

State

34229

Zip

*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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Alan Osenbaugh  
130 North Creek Lane  
Osprey, FL 34229

MGR

Martin Burger  
3171 River Road North  
Green Cove Spring, FL 32043

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

Alan Osenbaugh



\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
MAR 16 2008

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