Electronic Articles of Organization
For
Florida Limited Liability Company

L20000151174
FILED 8:00 AM
June 03, 2020
Sec. Of State
msimmons

Article I

The name of the Limited Liability Company is:

MY HEALTHCARE GUY, LLC

Article II

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

1801 BLIND POND AVE
LUTZ, FL. US 33549

The mailing address of the Limited Liability Company is:

1801 BLIND POND AVE
LUTZ, FL. US 33549

Article III

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

STEVE BARILE
9301 RIVER COVER DR
RIVERVIEW, FL. 33578

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: STEVE BARILE

Article IV

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

Title: MGR
ALEXANDER NELSON
1801 BLIND POND AVE
LUTZ, FL. 33549 US

Signature of member or an authorized representative

Electronic Signature: STEVE BARILE

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.