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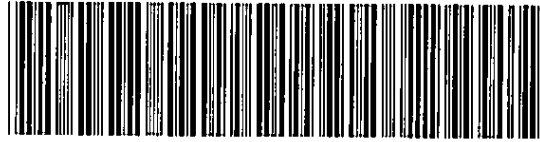
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

**PLEASE RETURN CORRESPONDANCE TO
REGISTERED AGENT:**

HIDDEN TREASURES BUSINESS & FINANCE EMPORIUM, LLC
150 S. PINE ISLAND ROAD, SUITE 300
PLANTATION, FL 33324

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CLERK OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
CLINICAL CONCEPTS, LLC
(A Florida Limited Liability Company)**

The Undersigned, in order to form an organization for the purposes hereinafter stated, under and pursuant to the provisions of General Organization Laws of the State of Florida, hereby certifies as follows:

Article I

The name of the organization shall be:

CLINICAL CONCEPTS, LLC

Article II

The purpose of the organization shall be to provide clinical courses, which to include online and live trainings, in addition to clinical consultations. Lastly, to transact any and all lawful business for which organizations may be organized under the Florida Statutes.

Article III

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

8307 NW 57th Drive
Coral Springs, FL 33067

SECRETARY OF STATE
TALLAHASSEE, FL

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Article IV

The names and address of the authorized person(s) to manage and control the Limited Liability Company:

Manager

SHAUNTAE MCCLEOD
8307 NW 57TH DRIVE
CORAL SPRINGS, FL 33067

Article V

These Articles of Organization may be amended in the manner by law. Every amendment shall be approved by the manager(s).

Article VI

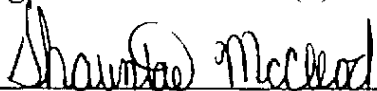
The private property of the manager(s) shall not be subject to the payment of the obligations of the organization to any extent.

Article VII

The manager(s) may at their discretion, repeal, alter, or amend the By-Laws of this organization.

The undersigned organization 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, FS. The undersigned manager(s) has (have) executed these Articles of Organization in accordance to the Florida Statutes on this 26 day of June 2020.

Signature of Member(s):


SHAUNTAE MCCLEOD, Manager

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DEPARTMENT OF STATE

**Certificate of Designation of
Registered Agent/Registered Office**

Pursuant of the provisions of Section 605.0203 (1) (b), Florida Statutes, the undersigned organization, organized under the laws of the State of Florida, submits the following statement in designation the registers office/registered agent, in the State of Florida.

The name of the Corporation is:

CLINICAL CONCEPTS, LLC

The name and address of the registered agent and office is:

Hidden Treasures Business & Finance Emporium, LLC
150 S. Pine Island Road, Suite 300
Plantation, FL 33324

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature:


Katrina Ladson

Date: 06.26.2020

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