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Account Number : I20090000014

: (941)907-3999

Phone

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# FLORIDA LIMITED LIABILITY CO. MEDICAL VITA CARE, LLC

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Audit No. 42000026

# ARTICLES OF ORGANIZATION FOR MEDICAL VITA CARE, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled the Florida Revised Limited Liability Company Act, a amended, does hereby adopt the following Articles of Organization for such company:

#### ARTICLE I. NAME

The name of this company shall be MEDICAL VITA CARE, LLC; and shall be referred to herein as "the Company" or "this Company."

#### ARTICLE II. MAILING AND STREET ADDRESS

The mailing address and the street address for the Company is 7780 49th St Pinellas Park, FL 33781.

## ARTICLE III. REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for th Company is as follows:

Najmy Thompson, P.L. Attn: Michael J. Smith, Esq. 1401 8th Avenue West Bradenton, FL 34205

### ARTICLE IV. MANAGEMENT OF COMPANY

The Company shall be a Manager-managed limited liability company. The initial Managers shall be Joel Culley and Peyton Boyd.

Michael J. Smith, Esq. Fla. Bar No. 0016252 Najmy Thompson, P.L. 1401 8th Avenue West Bradenton, Florida 34205 (941)748-2216 O AUG -S PH 8: 37

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#### ARTICLE V. INDEMNIFICATION

This Company shall indemnify any member, manager, officer, director, employee, c agent, and any former member, manager, officer, director, employee, or agent, to the fu extent permitted by law.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of the

Company and the Members, has significant	gned these Articles of Organization on this 5th day c
AUGUST 2020.	()0)(00~1)
	Joel Culley, as authorized representative
	20
In accordance with section 605.020	05(3), Florida Statutes, the execution of this documer
constitutes an affirmation under the	penalties of perjury that the facts stated herein are true
ACCEPTAN	ICE BY REGISTERED AGENT
<del>-</del> -	
Having been named as Reg	sistered Agent and to accept service of process for the
above stated limited liability com	npany, the firm hereby accepts the appointment a t in this capacity. The firm further agrees to comply will
the provisions of all statutes relation	g to the proper and complete performance of its dutie
and is familiar with and accepts t	he obligations of its position as Registered Agent a
provided in Chapter 605, F.S.	
	NAJMY THOMPSON, P.L.
	0 0 0 0 1 1
	(auch chan
	Carolina Arias, Esq., as a firm attorney
STATE OF FLORIDA	
COUNTY OF MANATEE	
On the 5th day of AUG	yust, 2020, Carolina Arias, Esq., a , P.L., designated above as the firm who shall serve
an attorney with Najmy Thompson	, P.L., designated above as the firm who shall serve
as this company's Registered Ade	int [/] who is personally known to me or [ ] who
produced	as identification, personally appeared before ence or [ ] online notarization, and signed these
Articles of Organization.	
<b>3</b>	CALA MANA
	Notary Public, State of Florida
	JILL E. DARR
Michael J. Smith, Esq.	NOTARY PUBLIC ESTATE OF FLORIDA
Fla. Bar No. 0016252	2 Comm# GG182403
Najmy Thompson, P.L. 1401 8th Avenue West	Expires 5/25/2022
Bradenton, Florida 34205	1.
(941)748-2216	Audit No. #20000