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Example 2

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## FLORIDA LIMITED LIABILITY CO. WATSON HEALTH CARE, LLC

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### ARTICLES OF ORGANIZATION OF WATSON HEALTH CARE, LLC

The undersigned subscribers to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

#### ARTICLE I.

The name of this limited liability company is WATSON HEALTH CARE, LLC.

#### ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

#### ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 1424 Shady Oak Drive, Jasper, Florida 32052.

#### ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is JAMES WATSON, 1424 Shady Oak Drive, Jasper, Florida 32052.

#### ARTICLE V.

The only members of this limited liability company are JAMES WATSON and JENNIFER WATSON, who shall own all of the membership interest jointly as tenants by the entirety. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

#### ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue

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the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

#### ARTICLE VIJ.

This limited liability company shall be a manager managed limited liability company and the managers are JAMES WATSON and JENNIFER WATSON, each of whom shall have the right and authority to manage this limited liability company without the consent and joinder of the other.

#### ARTICLE VIII.

The organizing members of this limited liability company is JAMES WATSON.

IN WITNESS WHEREOF, the said organizing member has hereunto set his hand and seal this 18th day of fuscot, 2020.

WATSON HEALTH CARE, LLC

By:

JAMES WATSON

Organizing Member

STATE OF FLORIDA COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared JAMES WATSON, as the Organizing Member of WATSON HEALTH CARE, LLC, before me known to be the person

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described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization, and the foregoing instrument was acknowledged before me by means of physical presence online notarization, this beginning day of lagrant, 2020, by JAMES WATSON, who is personally known to me or who produced \_\_\_\_\_\_ as identification.

Notary Public

acenich ( Eatmon

My Commission Expires:

ACENITH C EATMON
Notary Public - State of Flonda
Commission # GG 365981
My Comm. Expires Aug 14, 2023
Bonded through National Notary Assn.

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# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Chapter 605 and /or Chapter 621, Florida Statutes, the following is submitted:

WATSON HEALTH CARE, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 1424 Shady Oak Drive, Jasper, Florida 32052, names JAMES WATSON, whose mailing address is 1424 Shady Oak Drive, Jasper, Florida 32052, and whose street address is 1424 Shady Oak Drive, Jasper, Florida 32052, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

WATSON HEALTH CARE, LLC

By: JAMES WATSON Manager

JENNIFER WATSON, Manager

Dated: August 18 , 2020

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

Registered Roent

Dated: Turner 18, 2020