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Dernick Thompson

Law Offices Boyer, Tanzler & Sussman, P.A.

210 EAST FORSYTH STREET
JACKSONVILLE, FLORIDA 32202-3380

HERBERT T. SUSSMAN TYRIE A. BOYER (deceased) HANS G. TANZLER, IR. (deceased) TELEPHONE (904) 358-3030

FACSIMILE (904) 634-0036

July 28, 2020

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Ingenious Healthcare & Medical Consulting, LLC

Dear Sir or Madam:

Please file the enclosed Articles of Organization For Limited Liability Company. Please provide me with a certified copy of the Articles and a certificate of status. I herewith enclose a check in the amount of \$160.00, representing \$125.00 for the filing fee; \$30.00 for a certified copy of the Articles; and \$5.00 for a certificate of status. An additional copy of the Articles is enclosed.

If any additional information is needed to facilitate filing the Articles of Organization, please do not hesitate to contact me. My email address is herbertsussman@aol.com; and my telephone number is (904) 358-3030.

Very truly yours,

Herbert T. Sussman

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ingenious Healthcare & Medical Consulting, LLC

ARTICLE II - Address:

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

Principal Office Address

Mailing Address:

5122 Johnson Creek Drive Jacksonville, FL 32218

5122 Johnson Creek Drive Jacksonville, FL 32218

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

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

Name: Kimberly Hunter Clayton

Florida street address: 5122 Johnson Creek Drive

Jacksonville, Florida 32218

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 698, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

itle: Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Kimberly Hunter Clayton 5122 Johnson Creek Drive Jacksonville, Florida 32218

ARTICLE V: Effective date, if other than the date of filing: <u>Not Applicable</u>. This company shall commence its existence on the date these Articles are filed by the Florida Department of State. The Company's existence shall be perpetual, unless this Company is earlier dissolved in accordance with law or pursuant to the Company's operating agreement.

REQUIRED SIGNATURE:

Kimberly Hunter Clayton 0

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

(I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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.) 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.