

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L20000284758  
FILED 8:00 AM  
September 11, 2020  
Sec. Of State  
jsdennis**

**Article I**

The name of the Limited Liability Company is:  
HOLISTIC HANDS HEALTHCARE SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1509 CLAIR MEL CIRCLE  
TAMPA, FL. 33619

The mailing address of the Limited Liability Company is:  
1509 CLAIR MEL CIRCLE  
TAMPA, FL. 33619

**Article III**

The name and Florida street address of the registered agent is:  
JAMESE JOHNSON  
6029 AMBASSADOR DR  
TAMPA, FL. 33615

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: JAMESE JOHNSON

## **Article IV**

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

Title: CEO  
SHAKISHA R LAWSON  
1509 CLAIR MEL CIRCLE  
TAMPA, FL. 33619

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Signature of member or an authorized representative

Electronic Signature: SHAKISHA LAWSON

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.