# Electronic Articles of Organization For Florida Limited Liability Company

L20000303197 FILED 8:00 AM September 25, 2020 Sec. Of State agent02

# **Article I**

The name of the Limited Liability Company is: PRIORITY MED SOLUTIONS LLC

#### Article II

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

3028 COLLEGE STREET JACKSONVILLE, FL. 32205

The mailing address of the Limited Liability Company is:

PO BOX 534 KANKAKEE, IL. 60901

## **Article III**

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

ALLISON BURRELL 3028 COLLEGE STREET JACKSONVILLE, FL. 32205

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: ALLISON BURRELL

# **Article IV**

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

Title: MGR ALLISON BURRELL PO BOX 534 KANKAKEE, IL. 60901 L20000303197 FILED 8:00 AM September 25, 2020 Sec. Of State agent02

# **Article V**

The effective date for this Limited Liability Company shall be:

10/01/2020

Signature of member or an authorized representative

Electronic Signature: ALLISON BURRELL

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.