

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

L20000359154  
FILED 8:00 AM  
November 12, 2020  
Sec. Of State  
agent08

**Article I**

The name of the Limited Liability Company is:  
COASTAL CONCIERGE MEDICINE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
7643 GATE PARKWAY  
SUITE 104-1153  
JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:  
450 STATE ROAD 13 NORTH  
SUITE 106, PMB 324  
SAINT JOHNS, FL. 32259

**Article III**

The name and Florida street address of the registered agent is:  
JEREMY PAUL  
50 NORTH LAURA STREET  
SUITE 1675  
JACKSONVILLE, FL. 32202

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: JEREMY PAUL

### **Article IV**

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

Title: MGR  
CHRISTI PAUL  
7643 GATE PARKWAY SUITE 104-1153  
JACKSONVILLE, FL. 32256

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### **Article V**

The effective date for this Limited Liability Company shall be:

11/12/2020

Signature of member or an authorized representative

Electronic Signature: CHRISTI PAUL

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.