

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

L20000372442  
FILED 8:00 AM  
November 25, 2020  
Sec. Of State  
agent04

**Article I**

The name of the Limited Liability Company is:  
INTEGRITY HEALTHCARE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1701 N LOIS AVE  
APT 135  
TAMPA, FL. US 33607

The mailing address of the Limited Liability Company is:  
PO BOX 1852  
APT 135  
RIVERVIEW, FL. UN 33568

**Article III**

The name and Florida street address of the registered agent is:  
3 LEAF FINANCIAL GROUP  
10810 BOYETTE ROAD, 1852  
RIVERVIEW, FL. 33568

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: BRIAN MCHUGH

## Article IV

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

Title: MGR  
KYLEE LENNON  
1701 N LOIS AVE, APT. 135  
TAMPA, FL. 33607 US

L20000372442  
FILED 8:00 AM  
November 25, 2020  
Sec. Of State  
agent04

Signature of member or an authorized representative

Electronic Signature: KYLEE LENNON

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.