

L21000166870

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES INC.
Account Number : I20200000096
Phone : (407)298-3900
Fax Number : (407)298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SIMMONS HEALTHCARE EDUCATION PROGRAM LLC**

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APR 20 2021

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIMMONS HEALTHCARE EDUCATION PROGRAM LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**MAILING ADDRESS: 1246 DEKLEVA DRIVE
APOPKA, FL. 32712**

**PHYSICAL ADDRESS: 1246 DEKLEVA DRIVE
APOPKA, FL. 32712**


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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**DR. JOANNE S. SIMMONS
1246 DEKLEVA DRIVE
APOPKA, FL. 32712**

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 605, F.S...


DR. JOANNE S. SIMMONS
Registered Agent's Signature

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

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SECRET
TALLAHASSEE, FLORIDA

2021 APR 19 AM 8:29

FILED

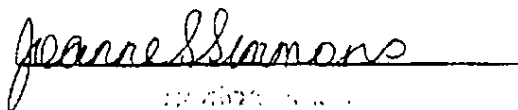
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The name and address of each Manager or Managing Member is as follows:

DR. JOANNE S. SIMMONS - MGRM
1246 DEKLEVA DRIVE
APOPKA, FL 32712

ARTICLE V: Effective date, if other than the date of filing: 4-19-2021
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)



REQUIRED SIGNATURE:

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

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution
Of this document constitutes an affirmation under the penalties of perjury
That the facts stated herein are true. 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.)

DR. JOANNE S. SIMMONS
Typed or printed name of signee

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