Electronic Articles of Organization
For
Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

EQUINOX HEALTHCARE SOLUTIONS LLC

Article II

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

31 DISALVO PL
APOPKA, FL.   32712

The mailing address of the Limited Liability Company is:

1017 W OAK RIDGE RD
SUITE C
ORLANDO, FL. UN 32809

Article III

Other provisions, if any:

HEALTHCARE PROVIDER AT ANY FACILITY IN FLORIDA

Article IV

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

NORLUCK DORANGE
6220 S ORANGE BLOSSOM TR
164
ORLANDO, FL.   32809

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: NORLUCK DORANGE

Article V

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

Title: PRES
MARTHA BEAUZILE
31 DISALVO PL
APOPKA, FL. 32712

Title: VP
GARY CETOUTE
31 DISALVO PL
APOPKA, FL. 32712

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2021

Signature of member or an authorized representative

Electronic Signature: MARTHA BEAUZILE

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.