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ACCOUNT NO. : I2000000195 REFERENCE: 881780, AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 25, 2021 ORDER TIME : 10:37 AM ORDER NO. : 881780-010 CUSTOMER NO: 4300426 DOMESTIC FILING NAME: ENCORE INFUSION NAPLES, LLC EFFECTIVE DATE: ___ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 28 AM 11: 59
SECRETARY OF STATE
TALLA: MASSEE FI

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The name of the Limited Liability Company is.	JECKETA TALLA:
Encore Infusion Naples, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 9943 Kingston Pike	Mailing Address: 9943 Kingston Pike

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:

Corporation Service	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
		12101
Tallahassee	<u> </u>	32301

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorize	Name and Address: ed Member
"MGR" = Manager	
AMBR	Encore Infusion Florida, LLC 9943 Kingston Pike
	Knoxville, TN 37922
	/O IS
	ALL SACTOR
	<u> </u>
	пі
(Use attachment if neo	cessary)
an effective date is listed, the date of filing.) te: If the date inserted in th	f other than the date of filing:
•	
REOUIRED SIGNA	TURE:
This of I am a	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, aware that any false information submitted in a document to the Department of State itutes a third degree felony as provided for in s.817.155, F.S.
	Joseph Herrod
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)