

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

L21000418558
FILED 8:00 AM
September 21, 2021
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:

ORIENTAL MEDICINE HOLISTIC HEALTH CARE LLC

Article II

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

508 N. RAINBOW DR.
HOLLYWOOD, FL. UN 33021

The mailing address of the Limited Liability Company is:

508 N. RAINBOW DR.
HOLLYWOOD, FL. UN 33021

Article III

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

CAROLINE G FAXAS
508 N. RAINBOW DR.
HOLLYWOOD, FL. 33021

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: CAROLINE G FAXAS

Article IV

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

Title: MGR
CAROLINE G FAXAS
508 N. RAINBOW DR.
HOLLYWOOD, FL. 33021 UN

Title: MGR
ANTHONY M FAXAS
508 N. RAINBOW DR.
HOLLYWOOD, FL. 33021 UN

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Article V

The effective date for this Limited Liability Company shall be:

09/27/2021

Signature of member or an authorized representative

Electronic Signature: JENNIFER GOMEZ

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.

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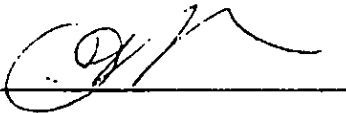
Dated: August 18, 2021

To whom it may concern,

I, Caroline Faxas, am the owner/director of ORIENTAL MEDICINE HOLISTIC HEALTH CARE, INC. Document Number P05000022881. Through my attorney, Jennifer Gomez, I submitted registration for ORIENTAL MEDICINE HOLISTIC HEALTH CARE, LLC Document Number 800358908988. Please open a file for the new LLC registration. If you have any questions, please contact my attorney at 561-577-6136 or jgomez@wfplaw.com.

Tracking number: 300373748393

Thank you,



Caroline Faxas

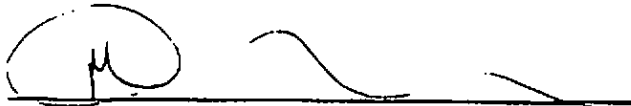
STATE OF FLORIDA

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COUNTY OF BROWARD

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Acknowledged and subscribed before me by means of physical presence or online notarization by CAROLINE FAXAS, Grantor, who is personally known to me or has produced DL# F220107765060 (state type of identification) as identification, proving her to be the person whose name is subscribed to the foregoing instrument as Grantor. Subscribed by me in the presence of CAROLINE FAXAS, by the means specified herein, all on the 18 day of August, in the year 2021.



Notary Public



MARTHA BRIZUELA
Commission # GG 357765
Expires July 22, 2023
Bonded Title Under Notary Services