

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

L21000474583
FILED 8:00 AM
November 02, 2021
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
TOP RELEAF MEDICAL CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5140 CURRY FORD RD
UNIT C
ORLANDO, FL. 32812

The mailing address of the Limited Liability Company is:
5140 CURRY FORD RD
UNIT C
ORLANDO, FL. 32812

Article III

The name and Florida street address of the registered agent is:
MICHAEL E SCHOND
650 N ORANGE AV
APT 4211
ORLANDO, FL. 32801

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: MICHAEL EDWARD SCHOND

Article IV

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

Title: MGR
JOSHUA L MONTGOMERY
7191 WINDING LAKE CIR
OVIDO, FL. 32765

L21000474583
FILED 8:00 AM
November 02, 2021
Sec. Of State
jafason

Article V

The effective date for this Limited Liability Company shall be:

11/02/2021

Signature of member or an authorized representative

Electronic Signature: MICHAEL EDWARD SCHOND

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.