

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

**L21000516898
FILED 8:00 AM
December 07, 2021
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
PINNACLE HEALTH AND WELLNESS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3530 KRAFT ROAD
SUITE 204
NAPLES, FL. 34105

The mailing address of the Limited Liability Company is:
3530 KRAFT ROAD
SUITE 204
NAPLES, FL. 34105

Article III

Other provisions, if any:
ANY LAWFUL PURPOSE.

Article IV

The name and Florida street address of the registered agent is:
SAMUEL HAMMER CPA
400 NW 74TH AVENUE
PLANTATION, FL. 33317

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: SAMUEL HAMMER

Article V

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

Title: MGR
JAY BUNNELL
3530 KRAFT ROAD, SUITE 204
NAPLES, FL. 34105

Title: MGR
BRUCE NAKFOOR MD
3530 KRAFT ROAD, SUITE 204
NAPLES, FL. 34105

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Article VI

The effective date for this Limited Liability Company shall be:

12/07/2021

Signature of member or an authorized representative

Electronic Signature: SAMUEL HAMMER

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.