

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

L22000051766
FILED 8:00 AM
January 31, 2022
Sec. Of State
snchatham

Article I

The name of the Limited Liability Company is:
MOWM HEALTHCARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13933 SW 34TH TERRACE RD
OCALA, FL. US 34473

The mailing address of the Limited Liability Company is:
PO BOX 1899
SUMMERFIELD, FL. US 34492

Article III

Other provisions, if any:
PRIVATE DUTY & STAFFING

Article IV

The name and Florida street address of the registered agent is:
MOWM, LLC
13933 SW 34TH TERRACE RD
OCALA, FL. 34473

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: MARKEISHA KELLY

Article V

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

Title: AMBR
MOWM, LLC
13933 SW 34TH TERRACE RD
OCALA, FL. 34473 US

Title: CEO
MARKEISHA P KELLY
13933 SW 34TH TERRACE RD
OCALA, FL. 34473 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/30/2022

Signature of member or an authorized representative

Electronic Signature: MARKEISHA KELLY

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.