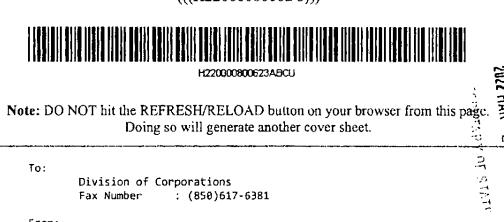
Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. PASSIONATE HEALTHCARE SERVICES LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	EALTHCARE SERVICES				
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:		
Princ	ipal Office Address:		Mailing Address:		
422 NE 210 CIR T	ER			20	
UNIT 205 1		SAM	(E	7 22	
					
MIAML, FL 33179	·	<u></u>		2022 MAR	T
ARTICLE III - Registered A	agent, Registered Office, ny cannot serve as its own n active Florida registration	n Registered Agent. 'on.)	nt's Signature: You must designate an individual or	-2 4	<u>-</u>
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registration	n Registered Agent. \ on.) d agent are:	•	-2 4	<u>-</u>
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere	n Registered Agent. \ on.) d agent are:	•	HAR -2 AM 8: 43	<u>-</u>
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere	n Registered Agent. Von.) d agent are: ANDER Name	•	-2 4	<u>-</u>
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own a active Florida registration and address of the registere JERNEL L. ALEX 422 NE 210 CIR TE	n Registered Agent. Von.) d agent are: ANDER Name	You must designate an individual or	-2 4	<u>-</u>
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own a active Florida registration and address of the registere JERNEL L. ALEX 422 NE 210 CIR TE	n Registered Agent. Von.) d agent are: ANDER Name R UNIT 205 1	You must designate an individual or	-2 4	TILTU

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..

/s/ Jernsl L Alexander
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

ARTICLE IV-

"AMBR" = Authorized Member "MGR" = Manager AMBR	JERNEL L. ALEXANDER 422 NE 210 CIR TER UNIT 205 1 MIAMI, FL 33179	
	422 NE 210 CIR TER UNIT 205 1	
	MIAMI, FL 33179	
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te of filing.) If the date inserted in this block does not mocument's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be if State's records.	e list
CLE VI: Other provisions, if any.		
		<u>-</u>
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	Jernel L. Alexander	<u> </u>
REOUIRED SIGNATURE: Signature of a met This document is execute I am aware that any false	pernal L Alexander mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
REOUIRED SIGNATURE: Signature of a met This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Signature of a more This document is execute I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
REQUIRED SIGNATURE: Signature of a ment of a	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	