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Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
 SUPPORTIVE MD LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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**\*Articles of Organization**

*State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:*

**Article I - NAME**

The name of the Limited Liability Company is as follows: SUPPORTIVE MD LLC

**Article II - TYPE**

The entity being formed is a Limited Liability Company.

**Article III - ADDRESS**

The street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

11117 REGATTA LANE  
WELLINGTON, FL 33449

The mailing address for the limited liability company are the same.

**Article IV - REGISTERED AGENT INFORMATION**

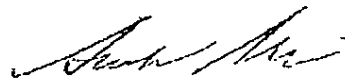
The name and address of the registered agent are as follows:

Shaban Malik  
3408 W 84th Street  
Suite 106  
Hialeah, FL 33018

The street address and the mailing address of the registered agent are the same.

6403 11117 REGATTA LANE  
WELLINGTON, FL 33449

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, Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



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*Signature of Registered Agent*

#### **Article V - STRUCTURE**

This limited liability will have the following members and be member-managed:

- SUFANA AL KHUNAIZI  
11117 REGATTA LANE  
WELLINGTON, FL 33449

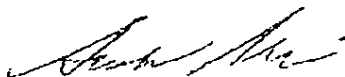
*Member*

#### **Article VI - EFFECTIVE DATE**

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

#### **EXECUTION**

**Signature of organizer:**



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**Printed name of organizer:**

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

*This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.*

03/18/2022 17:43:45