From: Lexus Wingo

3/31/22, 4:38 PM

For an Expansion of Corporations Division of Corporators Corporators Corporators

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000118896 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

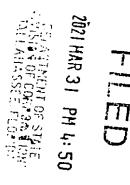
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Craft Health Management of Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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AKI	 ata I	- Na	ıne:

The name of the Limited Liability Company is:

Craft Health Management of Florida, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5711 East 71st Street	5711 East 71st Street	
Ste. 100	Ste. 100	
Tulsa, OK 74136	Tulsa, OK 74136	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation Sy	ystem	
	Nino	
1200 South Pine Isla	and Road	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
Clv	State	Zip

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 Fis 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 Output: 605, FS

Muddle Helling

Meredith Hellwig, Assistant Sec.

Registered Agent's Signature (REQ) RED

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Membe	er
"MGR" = Manager	
MGR	Trey Marler, President of sole member, Advanced Body Scar
	5711 East 71st Street, Ste. 100
	Tulsa, OK 74136
	
(Use attachment if necessary)	
(If an effective date is listed, the date m	in the date of filing (OPTIONAL) rust be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block of the document's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
ARTICLEVI: Other provisions, if any.	
None	
ACCUMENT CLOSE CONTROL	
REQUIRED SIGNATURE:	\mathcal{I} \mathcal{I} \mathcal{I}
Signatū This decrease	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	it any false information submitted in a document to the Department of State
	hird degree felony as provided for in s.817.155, F.S.

Trey Marler, Manager

Typed or printed name of signe

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

COLIHAR 31 PM 4: 50

FILED