

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

**L22000231586  
FILED 8:00 AM  
May 18, 2022  
Sec. Of State  
vherring**

**Article I**

The name of the Limited Liability Company is:  
WILD ROOTS THERAPEUTIC LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
34921 US HWY 19 N  
PALM HARBOR, FL. 34684

The mailing address of the Limited Liability Company is:  
4136 PINEFIELD AVE  
HOLIDAY, FL. 34691

**Article III**

The name and Florida street address of the registered agent is:  
KRISTEN POHE  
4136 PINEFIELD AVE  
HOLIDAY, FL. 34691

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: KRISTEN POHE

## **Article IV**

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

Title: MGR  
KRISTEN M POHE  
4136 PINEFIELD AVE  
HOLIDAY, FL. 34691

**L22000231586**  
**FILED 8:00 AM**  
**May 18, 2022**  
**Sec. Of State**  
vherring

Signature of member or an authorized representative

Electronic Signature: KRISTEN POHE

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.