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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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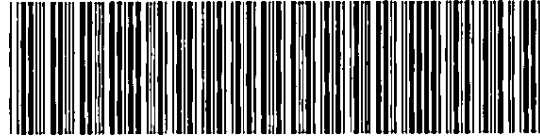
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Health Care Pro Team, LLC

Signature \_\_\_\_\_

Requested by: SETH

06/08

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
HEALTH CARE PRO TEAM, LLC**

**FILED**  
2022 JUN -8 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act (the "Act"), hereby adopts the following Articles of Organization.

**ARTICLE 1: NAME AND MAILING ADDRESS**

The name of this Company is **HEALTH CARE PRO TEAM, LLC** and its principal office and mailing address is 3900 1<sup>st</sup> Street North, Suite 201, St. Petersburg, FL 33703.

**ARTICLE 2: DURATION**

The duration of the Company is perpetual.

**ARTICLE 3: PURPOSE**

This Company has been organized for any lawful purpose under Florida law, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

**ARTICLE 4. INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Company is located at 3900 1<sup>st</sup> Street North, Suite 201, St. Petersburg, FL 33703, and the name of the initial registered agent is Peter J. Vasti.

**ARTICLE 5 : MANAGEMENT; INITIAL MEMBERS**

The management of the Company shall be vested in the manager(s) of the Company, as from time to time elected by the member(s) of the Company who may, but need not, be a member. The number of manager(s) may either be increased or decreased from time to time by agreement by the member(s) but shall never be less than one.

Prepared By:  
Peter J. Vasti, Esquire  
LeavenLaw.  
3900 1<sup>st</sup> Street N., Suite 100  
St. Petersburg, FL 33703

ARTICLE 6: LIMITATION OF AGENCY AUTHORITY OF MEMBERS

Pursuant to Section 605.04093 of the Act, no member of the Company shall be an agent of the company solely by virtue of being a member.

ARTICLE 7: ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as a member unless each member consents in writing to the admission of the additional member.

ARTICLE 8: OPERATING AGREEMENT

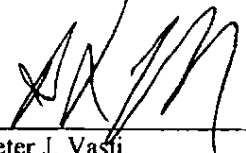
Any Operating Agreement (as defined in Section 605.0105 of the Act), relating to the Company must be in writing and signed by all members. The power to adopt, alter, amend or repeal the Operating Agreement of this Limited Liability Company shall be vested in the members of the Company.

ARTICLE 9: TRANSFERABILITY OF MEMBER'S INTEREST

The beneficial interest of a member of this Company may be transferred or assigned to such extent and in the manner provided in the Operating Agreement. However, if all of the remaining members of this Company do not approve of such proposed transfer or assignment by unanimous written consent, the transferee of the interest of such member shall have no right to participate in the management of the business and affairs of this Company or to become a member.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization effective the \_\_\_\_ day of June, 2022.

HEALTH CARE PRO TEAM, LLC



Peter J. Vasti.  
Authorized Representative

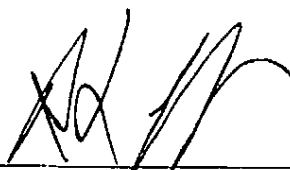
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ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at a place designated in the Articles of Organization of HEALTH CARE PRO TEAM, LLC, set forth above, I hereby accept the appointment as registered agent and agree to act 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.

Dated this 8<sup>th</sup> day of June, 2022.



Peter J. Vasti, Authorized Representative

(SEAL)