Electronic Articles of Organization For Florida Limited Liability Company

L22000278256 FILED 8:00 AM June 20, 2022 Sec. Of State snchatham

Article I

The name of the Limited Liability Company is:

LAVISH MEDICAL CONSULTING & RECOVERY LLC

Article II

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

719 19TH STREET S ST.PETERSBURG, FL. 33712

The mailing address of the Limited Liability Company is:

719 19TH STREET S ST.PETERSBURG, FL. 33712

Article III

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

KANDI NURSE 719 19TH STREET S ST.PETERSBURG, FL. 33712

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: KANDI NURSE

Article IV

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

Title: MGR KANDI NURSE 719 19TH STREET S ST.PETERSBURG, FL. 33712

Title: MGR TOMEKA JORDAN 2317 RICHWOOD PIKE DRIVE RUSKIN, FL. 33570

Title: MGR ERICA WILLIAMS 100 S ASHLEY DRIVE SUITE 600 TAMPA, FL. 33602

Article V

The effective date for this Limited Liability Company shall be:

06/17/2022

Signature of member or an authorized representative

Electronic Signature: KANDI NURSE

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.

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