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(Document Number)
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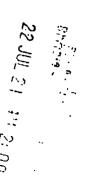


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S. CHATHAM

2022 (TL 21 PH 2: 7)



CAPITAL CONNECTION, INC.

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

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Walk-In Will Pick Up Courier	Name		Time			
					Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	bility Company is:			
GUARDIAN N (Must c	NPC MANAGEMENT	LLC	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree				
Principal Office Address:			Mailing Address:	
3333 S Congress Ave., Ste 402 Delray Beach, FL 33445		<u>-</u>	3333 S Congress Ave., Ste 402 Delray Beach, FL 33445	
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its own an active Florida registration	Registered A	d Agent's Signature: egent. You must designate an individual or	
	BRYAN J. RUSH	_		
		Name		
			ARD, SUITE 2600	
	Florida street address	(P.O. Box <u>N</u>	SOT acceptable)	
	MIAMI	FL	33131	
	City	State	Zip	
place designated in this certific further agree to comply with th	ate, I hereby accept the appo e provisions of all statutes re	ointment as re lating to the p	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and tagent as provided for in Chapter 605, F.S.,	
	Bryan J. Rush			
Registered Agent's Signature (REQUIRED)				
		(CONTINU	UED)	

ARTICLE IV-

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

<u>Title:</u> "AMBR" = /	Name and Address: Authorized Member
"MGR" = M	nager
MGR	Joshua Scott 3333 S Congress Ave., Ste 402 Delrav Beach, FL 33445
(Use attachm	ent if necessary)
If an effective date is he date of filing.) Note: If the date inse	listed, the date must be specific and cannot be more than five business days prior to or 90 days after rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ve date on the Department of State's records.
ARTICLE VI: Other p	
REOUIRED	SIGNATURE:
	s Joshua Scott
	Signature of a member or an authorized representative of a member. 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.
	JOSHUA SCOTT Typed or printed name of signer
	i vnea or brintea name of stonce

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)

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