

U220100372533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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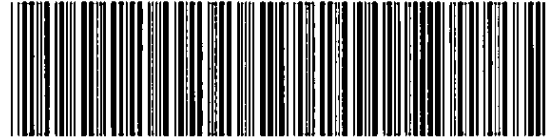
(Business Entity Name)

(Document Number)

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**1. SALIGAN HEALTH CARE, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION  
OF  
SALIGAN HEALTH CARE, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is SALIGAN HEALTH CARE, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing and street address of the principal office of the Limited Liability Company is 10116 Point View Ct, Orlando, FL 32836.

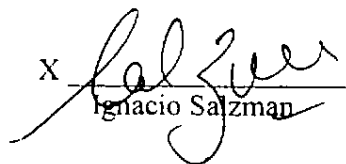
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 10116 Point View Ct, Orlando, FL 32836 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Ignacio Salzman.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Ignacio Salzman (AMBR)  
10116 Point View Ct  
Orlando, FL 32836

SIXTH: The Limited Liability Company is to be managed by the Members.

**IN WITNESS WHEREOF**, the Members have executed and acknowledged these Articles of Organization on August 25, 2022.

X   
Ignacio Salzman

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**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for SALIGAN HEALTH CARE, LLC hereby voluntarily consent to serve as Registered Agent for SALIGAN HEALTH CARE, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: August 25, 2022

x   
Ignacio Salzman

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