

To:

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2022-09-14 19:08:50 GMT

13053284774

From: Yanet Avila

9/13/22, 2:26 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
PATIENT CONNECT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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2022-09-14 19:08:50 GMT

13053284774

From: Yanet Avila

850-617-6381

9/14/2022 10:18:42 AM PAGE 1/001 Fax Server



September 14, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NELSON & ASSOCIATES CPA  
1985 NW 88TH COURT STE 202  
DORAL, FL 33172

SUBJECT: PATIENT CONNECT LLC  
REF: W22000116499

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000316895  
Letter Number: 722A00020437

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PATIENT CONNECT LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:306 8TH AVE SW  
LARGO, FL 33770Mailing Address:C/O NELSON & ASSOCIATES CPA  
1985 NW 88TH COURT STE 202  
DORAL, FL 33172

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NELSON & ASSOCIATES CPA PA

Name

1985 NW 88TH COURT STE 202Florida street address (P.O. Box NOT acceptable)DORALFL33172

City

State

Zip

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 as provided for in Chapter 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CD

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

PAUL W. WILLIAMS \_\_\_\_\_

306 8TH AVE SW \_\_\_\_\_

LARGO, FL 33770 \_\_\_\_\_

AMBR \_\_\_\_\_

NAVI S. MURADALI \_\_\_\_\_

22 ALBERT AVENUE \_\_\_\_\_

SAN FERNANDO, TRINIDAD \_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Paul Williams (Sep 11, 2022 10:23 EDT) \_\_\_\_\_

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.

PAUL W. WILLIAMS \_\_\_\_\_

Typed or printed name of signee

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