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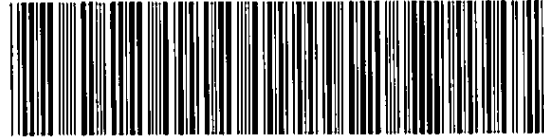
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1. **NORTH FLORIDA SLEEP MANAGEMENT, LLC**

(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:**

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ARTICLES OF ORGANIZATION

OF

NORTH FLORIDA SLEEP MANAGEMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

Pursuant to the provisions of Chapter 605, Florida Statutes, as amended, the following are hereby adopted and filed as the Articles of Organization of this Florida limited liability company:

ARTICLE I - NAME

The name of this Company shall be as follows:

North Florida Sleep Management, LLC

(hereinafter referred to as the "Company")

ARTICLE II - INITIAL PRINCIPAL OFFICE

The initial principal place of business of the Company is as follows:

5295 County Road 209 South
Green Cove Springs, Florida 32043

The initial mailing address of the Company is as follows:

5295 County Road 209 South
Green Cove Springs, Florida 32043

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ARTICLE III - DURATION

The Company is to commence its existence on the date of filing of these Articles by the Secretary of the State of Florida. This Company shall exist perpetually.

ARTICLE IV - PURPOSE

This limited liability company is organized for the following purposes:

(a) **To provide a sleep apnea screening service to medical facilities;** and

(b) Pursuant to Section **605.0108**, Florida Statutes, The transaction of any and all other lawful business for which limited liability companies may be organized, including but not limited to those powers enumerated in Section **605.0109**, Florida Statutes, as amended, and the doing of all lawful things related thereto.

ARTICLE V - MANAGEMENT

This Company will be a **Manager-managed** Company and will be managed by two (2) Managers initially. The number of Managers may be increased or decreased by the Members from time to time, but shall never be less than one (1). Any and all powers and duties conferred or imposed upon the Manager(s), in addition to those contained in Chapter **605**, Florida Statutes, as amended,

shall be pursuant to the provisions of the Operating Agreement of the Company or pursuant to a duly adopted resolution of the Members. The names and addresses of the initial Managers are as follows:

Manager: Kelly T. Standish-Mayo
5295 County Road 209 South
Green Cove Springs, Florida 32043

Manager: Max A. Mayo
5295 County Road 209 South
Green Cove Springs, Florida 32043

ARTICLE VI - INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent and the street address of the initial registered agent of this Company is as follows:

Max A. Mayo
5295 County Road 209 South
Green Cove Springs, Florida 32043

ARTICLE VII - RESTRAINT ON TRANSFER

The Members may, by agreement, impose any reasonable restraint on the sale, conveyance, gifting, transfer, encumbrance or alienation of Membership Interests.

ARTICLE VIII - AMENDMENT

The Members reserve the right to alter, amend or repeal any provisions contained in these Articles of Organization, or to adopt new provisions, and the method for same shall be contained in the Operating Agreement of the Company. These Articles of Organization shall not be amended or repealed without a meeting.

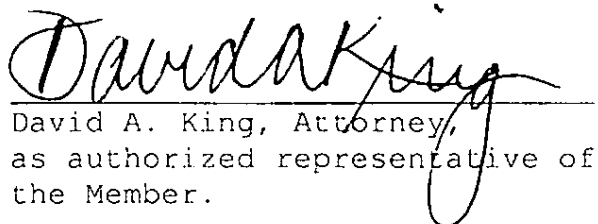
ARTICLE IX - AUTHORIZED REPRESENTATIVE

The name and address of the person, authorized by the Member, who is signing these Articles of Organization is as follows:

David A. King
Attorney at Law
1416 Kingsley Avenue
Orange Park, FL 32073

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IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization, this 4TH day of October, 2022.


David A. King, Attorney,
as authorized representative of
the Member.

**CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT
FOR LIMITED LIABILITY COMPANY**

Pursuant to Section **605.0113**, Florida Statutes, the
following is submitted:

North Florida Sleep Management, LLC

desiring to organize under the laws of the State of Florida,
with its principal office as indicated in the Articles of
Organization, has named as its Registered Agent to accept
service of process within this State:

Max A. Mayo
5295 County Road 209 South
Green Cove Springs, FL 32043

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ACKNOWLEDGEMENT:

Having been named as Registered Agent to accept service of
process for the above stated limited liability company, at the
place designated in this Certificate, I hereby acknowledge that
I am familiar with said laws of the State of Florida, and I
hereby agree to act in this capacity, and I agree to comply with
the provisions of said laws.



Max A. Mayo