

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L22000465856
FILED 8:00 AM
October 19, 2022
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

DONOR CURE LLC

Article II

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

605 SE 1ST AVE
SUITE C
DELRAY BEACH, FL. 33444

The mailing address of the Limited Liability Company is:

605 SE 1ST AVE
SUITE C
DELRAY BEACH, FL. 33444

Article III

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

ALEXANDER GODBOUT
605 SE 1ST AVE
SUITE C
DELRAY BEACH, FL. 33444

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: ALEXANDER GODBOUT

Article IV

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

Title: MGR
ALEXANDER GODBOUT
605 SE 1ST AVE STE C
DELRAY BEACH, FL. 33444

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Article V

The effective date for this Limited Liability Company shall be:

10/19/2022

Signature of member or an authorized representative

Electronic Signature: ALEXANDER GODBOUT

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.

L22000465856

OCT 28, 2022

To Whom it May Concern,

I Peter J. Banks President and CEO of
DonorCare, Inc. do not plan to use the name
Non Reinstated DonorCare, Inc.

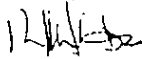
Sincerely,

NAME: PETER JOSEPH BANKS (NY license 520148614)

Signature:



JOSEPH AN RICHARD K
Notary Public, State of New York
Notary No. 047552
Queens County
Commission Expires 04/25/2026



DATE: 10/28/2022

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