

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

L23000014132
FILED 8:00 AM
January 05, 2023
Sec. Of State
klovelace

Article I

The name of the Limited Liability Company is:

RESTORATIVE RHEUMATOLOGY & ARTHRITIS CLINIC LLC

Article II

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

8337 TORCELLO ISLE DRIVE
WINDERMERE, FL. 34786

The mailing address of the Limited Liability Company is:

8337 TORCELLO ISLE DRIVE
WINDERMERE, FL. 34786

Article III

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

LAW OFFICES OF DAVID H. TREVETT PL
6900 TAVISTOCK LAKES BLVD
SUITE 400
ORLANDO, FL. 32827

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: DAVID H TREVETT

Article IV

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

Title: MGR
LESLIE BENNY
8337 TORCELLO ISLE DRIVE
WINDERMERE, FL. 34786

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Article V

The effective date for this Limited Liability Company shall be:

01/05/2023

Signature of member or an authorized representative

Electronic Signature: LESLIE BENNY

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.