

L23000016507

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA LIMITED LIABILITY CO.
Advanced Practice Providers Health and Wellness LLC

Certificate of Status	2
Certified Copy	0
Page Count	03
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207

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Help
T. BURGH
JAN 17 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Advanced Practice Providers Health and Wellness LLC

(Must end with 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:**Mailing Address:**4344 Nicole Circle
Jupiter, FL 334694344 Nicole Circle
Jupiter, FL 33469**ARTICLE III - Registered Agent, Registered Office, & 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:

Travis Thornton

Name

4344 Nicole Circle

Florida street address (P.O. Box NOT acceptable)

Jupiter

City

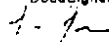
FL 33469

Zip

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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..

DocuSigned by



7C8C36CB207B456

Registered Agent's Signature (REQUIRED)

Travis Thornton

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Travis Thornton

4344 Nicole Circle

Jupiter, FL 33469

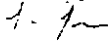
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TALLAHASSEE, FLORIDA

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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:



7C6C30CB702B456

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Travis Thornton

Typed or printed name of signee