

17-Apr-2023 14:19

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Division of Corporations

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Florida Department of State
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Email Address: KOKOBARKHOUSE@GMAIL.COM

RECEIVED
2023 APR 17 PM 3:25
CORPORATIONS
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
P3 Healthcare Benefit Consulting LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 APR 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FL

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

The name of the Limited Liability Company is:

P3 Healthcare Benefit Consulting 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:1333 Playmoor Drive
Palm Harbor, FL 34683**Mailing Address:**1333 Playmoor Drive
Palm Harbor, FL 34683**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:

Thomas Koulianos

Name

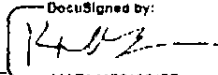
1250 S Pinellas Avenue, Unit 503Florida street address (P.O. Box **NOT** acceptable)Palm Harbor FL 34689

City

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..

DocuSigned by:

C3AEAA704C34FF
Registered Agent's Signature (REQUIRED)

Thomas Koulianos

(CONTINUED)

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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:**Kollet K Barkhouse1333 Playmoor DrivePalm Harbor, FL 34683

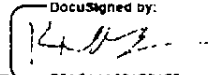
(Use attachment if necessary)

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.)

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

DocuSigned by:



C3AE4A704C34FF..

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.)

Kollet K Barkhouse

Typed or printed name of signee

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