

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

**L23000209777  
FILED 8:00 AM  
April 27, 2023  
Sec. Of State  
slsingleton**

**Article I**

The name of the Limited Liability Company is:  
TAKE CARE HEALTH SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3038 LORMAN DR  
JACKSONVILLE, FL. US 32223

The mailing address of the Limited Liability Company is:  
3038 LORMAN DR  
JACKSONVILLE, FL. US 32223

**Article III**

The name and Florida street address of the registered agent is:  
LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL. 32202

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: ERIK TREUTLEIN

## Article IV

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

Title: AMBR  
SHELLY SMITH  
3038 LORMAN DR  
JACKSONVILLE, FL. 32223 US

Title: AMBR  
BRYAN CHAPMAN  
3038 LORMAN DR  
JACKSONVILLE, FL. 32223 US

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Signature of member or an authorized representative

Electronic Signature: JOHN MOSELEY

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.