

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

L23000219779
FILED 8:00 AM
May 03, 2023
Sec. Of State
tlchristian

Article I

The name of the Limited Liability Company is:
WOUND CARE UNITED LLC

Article II

The street address of the principal office of the Limited Liability Company is:
19476 N COQUINA WAY
WESTON, FL. US 33332

The mailing address of the Limited Liability Company is:
19476 N COQUINA WAY
WESTON, FL. US 33332

Article III

The name and Florida street address of the registered agent is:
DEEPIKA MALKANI
19476 N COQUINA WAY
WESTON, FL. 33332

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: DEEPIKA MALKANI

Article IV

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

Title: AMBR
TAMANNA NAHAR
19476 N COQUINA WAY
WESTON, FL. 33332 US

Title: AMBR
SURESH NAIR
19476 N COQUINA WAY
WESTON, FL. 33332 US

Title: AMBR
HAMIR J SAMPAT
19476 N COQUINA WAY
WESTON, FL. 33332 US

Title: AMBR
DEEPIKA MALKANI
19476 N COQUINA WAY
WESTON, FL. 33332 US

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Signature of member or an authorized representative

Electronic Signature: DEEPIKA MALKANI

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.