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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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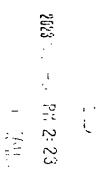
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CORPORATE ACCESS, ____

When you need ACCESS to the world.

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	P	CK UP: <u>C</u>	at 5/8		
	CERTIFIED COPY				
xx	РНОТОСОРУ				
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XX	FILING	LLC			
1.	REVIVAL HEALTH (CORPORATE NAME AND DO		<u>C</u>		
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SPECIA INSTRU	AL JCTIONS:				
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COVER LETTER

TO:		v Filing Secti ision of Corp					
	_		Ith Services LLC				
SUBJE	CT:		Name of L	imi	ted Liability	Company Company	
The end	close	d Articles of C	Organization and fee(s)	are	submitted fo	or filing.	
			ndence concerning this t				
		Yitzchak Nev	vman				
	-	<u>, , , , , , , , , , , , , , , , , , , </u>			Name of F	erson	
					Firm/Con	npany	
		20980 Cipres	. Way				
					Addre	\$\$	
		Boca Raton,	FL 33433				
				Ci	ty/State and	I Zip Code	
	-		eservgroup.com -mail address: (to be us	ed	for future a	nnual report notification	on)
For furt	her ir		ncerning this matter, ple				
		Isaac Newma			8	496-8086	
		Nam	e of Person			Daytime Telephone	
Enclo	sed is	s a check for t	he following amount:				
□\$ 13	25.00	Filing Fee	☐\$130.00 Filing Fee Certificate of Status	: &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		New F Divisi P.O. I	ng Address Filing Section fon of Corporations 30x 6327 hassee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Revival Health Ser	rices L.L.C		
(Must co	tain the words "Limited Lia	ability Company, "	·L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	address of the principal offi	ice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
350 Camino Garde	ns Blvd		0 Cipres Way
		Boca	Raton, FL 33432
Suite 303 Boca Raton, FL 33 RTICLE III - Registered A he Limited Liability Compa	432 gent, Registered Office, & own R	Registered Agent.	
Suite 303 Boca Raton, FL 33 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & hy cannot serve as its own R active Florida registration address of the registered a	Registered Agent. N	it's Signature:
Suite 303 Boca Raton, FL 33 RTICLE III - Registered A The Limited Liability Companiother business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration	Registered Agent. \(\) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	it's Signature:
Suite 303 Boca Raton, FL 33	gent, Registered Office, & hy cannot serve as its own R active Florida registration address of the registered a	Registered Agent. N	it's Signature:
Suite 303 Boca Raton, FL 33 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & any cannot serve as its own Reserve as its own Reserve and active Florida registration and address of the registered at Yitzchak Newman 20980 Cipres Way	Registered Agent. Segistered A	nt's Signature: You must designate an individua
Suite 303 Boca Raton, FL 33 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & ay cannot serve as its own Restrict active Florida registration address of the registered at Yitzchak Newman	Registered Agent. Segistered A	nt's Signature: You must designate an individua
Suite 303 Boca Raton, FL 33 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & any cannot serve as its own Reserve as its own Reserve and active Florida registration and address of the registered at Yitzchak Newman 20980 Cipres Way	Registered Agent. Segistered A	nt's Signature: You must designate an individua

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 ... - . PK 2: 23

Name and Address: "AMBR" = Authorized Member "MGR" = Manager Yitzchak Newman 20980 Cipres Way Boca Raton, FL 33433 AMBR (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: __ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Yitzchak Newman Typed or printed name of signee Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-