

# L23000261370

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
ALMA HEALTHCARE CONSULTING LLC

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STATE OF FLORIDA  
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: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

ALMA HEALTHCARE CONSULTING LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8724 Sunset Drive Suite #433

Miami, Florida 33173

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Maria D. Rodriguez

8724 Sunset Drive Suite #433

Miami, FL 33173

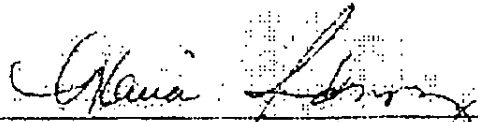
**ARTICLE IV-**

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

Maria D. Rodriguez Managing Member

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**Required Signatures:**



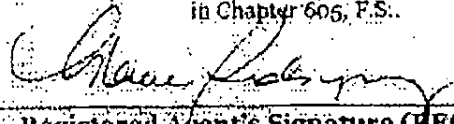
**Signature of a member or an authorized representative of a member:**

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.

Maria D. Rodriguez

**Typed or printed name of signee**

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 606, F.S.



**Registered Agent's Signature (REQUIRED)**

STATE OF FLORIDA  
TALLAHASSEE, FL

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