

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

**L23000263853
FILED 8:00 AM
May 31, 2023
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:
MAGNOLIA HOLISTIC FAMILY MEDICINE PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
7562 WHISPERWOOD DR
PANAMA CITY, FL. US 32404

The mailing address of the Limited Liability Company is:
7562 WHISPERWOOD DR
PANAMA CITY, FL. US 32404

Article III

Other provisions, if any:
PRIVATE MEDICAL PRACTICE CONSISTING OF TWO NURSE
PRACTITIONERS.

Article IV

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: DANA CASE, MANAGER

Article V

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

Title: AMBR
CHARLY BARKER
7562 WHISPERWOOD DR
PANAMA CITY, FL. 32404 US

Title: AMBR
HEATHER HUNTER
2044 3 PUTT LN
PANAMA CITY, FL. 32404 US

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Signature of member or an authorized representative

Electronic Signature: CHARLY BARKER

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.