

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

**L23000264293
FILED 8:00 AM
May 31, 2023
Sec. Of State
slsingleton**

Article I

The name of the Limited Liability Company is:
PRIME THERAPY NATIONAL SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2014 E EDGEWATER DRIVE
ORLANDO, FL. US 32804

The mailing address of the Limited Liability Company is:
2014 E EDGEWATER DRIVE
ORLANDO, FL. US 32804

Article III

Other provisions, if any:
TO CONDUCT LAWFUL BUSINESS IN THE STATE OF FLORIDA.
SPECIFICALLY, PROVIDING THERAPY SERVICES TO THE GENERAL
PUBLIC.

Article IV

The name and Florida street address of the registered agent is:
THE LAW FIRM OF ARIANNA M. MENDEZ, PLLC
2300 WEST 84TH STREET, SUITE 403
SUITE 403
HIALEAH, FL. 33016

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: ARIANNA M. MENDEZ

Article V

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

Title: MGR
KAREN BROCHUE JOHNSON
214 EDGEWATER DRIVE
ORLANDO, FL. 32804 US

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Signature of member or an authorized representative

Electronic Signature: ARIANNA M. MENDEZ

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.