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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kevindriversfl@gmail.com

FLORIDA LIMITED LIABILITY CO.

Cardinal Care Professional Services LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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CORPORATIONS
COMMERCIAL
SERVICES

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ARTICLES OF ORGANIZATION
FOR
CARDINAL CARE PROFESSIONAL SERVICES LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Cardinal Care Professional Services LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

5700 Memorial Hwy
Suite 116
Tampa, FL 33615

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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 the 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.

Vishva S Nandu (sign)
FLP RA Services LLC

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Latoya Patrice Davis 3425 Bannerman Rd Suite 105-431 Tallahassee, FL 32312

ARTICLE V.

The Effective date shall be the date of filing.


_____ (sign)

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.

Latoya Patrice Davis
Authorized Representative/Member

2023 JUN 12 AM 2:17
TALLAHASSEE, FLORIDA