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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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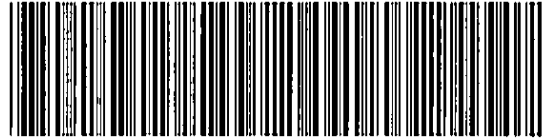
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LLC

**1. ALTA MEDICAL, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
ALTA MEDICAL, LLC**

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

**ARTICLE I — NAME:**

The name of the Limited Liability Company shall be: Alta Medical, LLC (the "Company").

**ARTICLE II — ADDRESS:**

The mailing address and street address of the principal office of the Company shall be as follows:

5946 Curry Ford Rd  
Orlando, FL 32822

**ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:**

The address of the initial registered office of the Company in the State of Florida is 9100 Conroy Windermere Rd Ste 200 Windermere, FL 34786, and the name of the registered agent at such address is Dickens Wealth Management, LLC.

**ARTICLE IV – MANAGEMENT:**

The Company shall be managed by one or more Managers. The names and addresses of the initial Managers are:

Enea Bifsha  
1040 Fountain Coin Loop  
Orlando, FL 32828

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 22 day of June 2023. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



\_\_\_\_\_  
Enea Bifsha, Organizer

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TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:  
  
Alta Medical, LLC
2. The name and address of the registered agent and office is:  
  
Dickens Wealth Management, LLC  
9100 Conroy Windermere Rd  
Suite 200  
Windermere, Florida 34786




\_\_\_\_\_  
Enea Bifsha, Organizer

6/21/2023

\_\_\_\_\_  
DATE

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.

DICKENS WEALTH MANAGEMENT, LLC

By: 

Print Name: Chris Dickens

Title: VP

06-22-23

\_\_\_\_\_  
DATE

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