

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

L23000320722  
FILED 8:00 AM  
July 06, 2023  
Sec. Of State  
aiparishani

**Article I**

The name of the Limited Liability Company is:  
WHOLE FAMILY CARE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1765 18TH AVE NE  
NAPLES, FL. US 34120

The mailing address of the Limited Liability Company is:  
1765 18TH AVE NE  
NAPLES, FL. US 34120

**Article III**

Other provisions, if any:  
FAMILY PRACTICE

**Article IV**

The name and Florida street address of the registered agent is:  
RAISA AYALA  
741 EVERGLADES BLVD S  
NAPLES, FL. 34117

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: RAISA AYALA

### **Article V**

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

Title: AMBR  
YUDIT ALMENARES CRUZ  
1765 18TH AVE NE  
NAPLES, FL. 34120 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

07/06/2023

Signature of member or an authorized representative

Electronic Signature: YUDIT ALMENARES CRUZ

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.