

7/18/23, 2:15 PM

Division of Corporations

**L23000340505**

Florida Department of State  
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NATIONAL HEALTH CHOICES

**FLORIDA LIMITED LIABILITY CO.  
NATIONAL HEALTH CHOICES, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

National Health Choices, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:16155 SW 117th Ave B17  
Miami, FL 3317716155 SW 117th Ave B17  
Miami, FL 33177

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

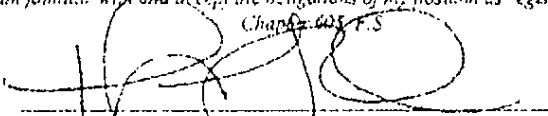
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert L. Lopez  
Name16155 SW 117th Ave B17  
Florida street address (F.O. Box NOT acceptable)Miami FL 33177  
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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 as provided for in

(Chapter 605, F.S.)

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRName and Address:Robert L. Lopez  
1055 SW 11TH AVE B17  
NAIOMI, FL 33177

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/18/23 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Robert L. Lopez  
Typed or printed name of signer