

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

L23000349620  
FILED 8:00 AM  
July 24, 2023  
Sec. Of State  
adjohnson

**Article I**

The name of the Limited Liability Company is:

LIFELINE CERTIFICATIONS LLC

**Article II**

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

15257 MILLE FIORE BLVD  
PORT CHARLOTTE, FL. 33953

The mailing address of the Limited Liability Company is:

15257 MILLE FIORE BLVD  
PORT CHARLOTTE, FL. 33953

**Article III**

Other provisions, if any:

EMPOWERING YOU TO SAVE LIVES.

**Article IV**

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

ALEXANDER M CRAIG  
15257 MILLE FIORE BLVD  
PORT CHARLOTTE, FL. 33953

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: ALEXANDER CRAIG

## **Article V**

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

Title: MGR  
ALEXANDER M CRAIG  
15257 MILLE FIORE BLVD  
PORT CHARLOTTE, FL. 33953

Title: AP  
LAURA E CRAIG  
15257 MILLE FIORE BLVD  
PORT CHARLOTTE, FL. 33953

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Signature of member or an authorized representative

Electronic Signature: ALEXANDER CRAIG

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.