

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

**L23000353965  
FILED 8:00 AM  
July 26, 2023  
Sec. Of State  
adjohnson**

**Article I**

The name of the Limited Liability Company is:

SIMPLIFYING MEDICARE LLC

**Article II**

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

5094 PINE RIDGE DRIVE  
CHIPLEY, FL. US 32428

The mailing address of the Limited Liability Company is:

5094 PINE RIDGE DRIVE  
CHIPLEY, FL. US 32428

**Article III**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL. 32312

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: KATHY SHIN

## **Article IV**

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

Title: MGR  
LESLIE V BROWN  
5094 PINE RIDGE DRIVE  
CHIPLEY, FL. 32428 US

**L23000353965**  
**FILED 8:00 AM**  
**July 26, 2023**  
**Sec. Of State**  
**adjohnson**

Signature of member or an authorized representative

Electronic Signature: KATHY SHIN

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.