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Division of Corporations

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# FLORIDA LIMITED LIABILITY CO.

## NurseSpring of Orlando, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
NURSESPRING OF ORLANDO, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I - Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is: "NurseSpring of Orlando, LLC".

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Company is: 5500 North Davis Highway, Pensacola, FL 32503.

**ARTICLE III - Duration:**

The period of duration for the Company is perpetual.

**ARTICLE IV - Management:**

The Company is to be a manager-managed company and is to be managed by one or more managers.

**ARTICLE V - Registered Agent and Office:**

The name and street address of the initial registered agent of the Company in the State of Florida, who consent to appointment as Registered Agent accompanies these Articles of Organization, is Matthew C. Hoffman, whose address is 151 W. Main Street, Suite 200, Pensacola, FL 32502.

IN WITNESS WHEREOF, I have signed these Articles of Organization of NurseSpring of Orlando, LLC and acknowledged them to be my act this 22 day of August, 2023.

  
Bryan Krause, Manager and Organizer

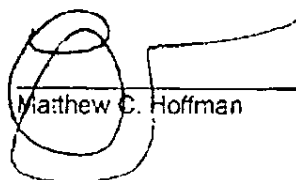
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**CERTIFICATE OF DESIGNATION AND  
CONSENT TO APPOINTMENT AS REGISTERED AGENT**

Having been named Registered Agent and designation to accept service of process for NurseSpring of Orlando, LLC, at the place designated herein, and being familiar with the obligations of such position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 22<sup>nd</sup> day of August, 2023.

  
Matthew C. Hoffman

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