

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

**L23000456180
FILED 8:00 AM
September 26, 2023
Sec. Of State
mkanderson**

Article I

The name of the Limited Liability Company is:
PROSCRIPT SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
226 SW FERNLEAF TRAIL
PORT ST LUCIE, FL. 34953

The mailing address of the Limited Liability Company is:
226 SW FERNLEAF TRAIL
PORT ST LUCIE, FL. 34953

Article III

The name and Florida street address of the registered agent is:
SHARON F WALCOTT
226 SW FERNLEAF TRAIL
PORT ST LUCIE, FL. 34953

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: SHARON WALCOTT

Article IV

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

Title: AMBR
SHARON F WALCOTT
225 FERNLEAF TRAIL
PORT ST LUCIE, FL. 34953

Title: MGR
DENNIS R WALCOTT
225 FERNLEAF TRAIL
PORT ST LUCIE, FL. 34953

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Article V

The effective date for this Limited Liability Company shall be:

09/29/2023

Signature of member or an authorized representative

Electronic Signature: SHARON WALCOTT

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.

L23000456180
AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ST. LUCIE

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts in this affidavit, and, if called as a witness, could testify competently about them.
2. I am currently living at: 226 S.W. Fernleaf Trail, Port St. Lucie, Florida 34953.
3. I am currently President and owner of ProScript Services, Inc., a Florida corporation, which was voluntarily dissolved on Monday, September 25, 2023. I have no intention of reinstating this corporation and wish the name ProScript Services to be released and to be used by me in the formation of ProScript Services, LLC.

Executed this 27th day of September, 2023 in Port St. Lucie, Florida.

Sharon Walcott

Sharon Walcott

SUBSCRIBED AND SWORN TO before me on the 27TH day of SEPT., 2023
by SHARON WALCOTT. She is personally known to me or has produced Florida
driver's License as identification.

NOTARY SEAL: Laurilyn H. Taylor NOTARY PUBLIC,
STATE OF FLORIDA



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