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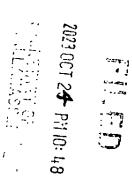
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Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
Nash Medical LLC	
SUBJECT:Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jonah M. Nash	
Name of Person	
Nash Medical LLC	
Firm/Company	
3381 Arlette Or	
Address	
Naples FL 34109 City/State and Zip Code	
ionah nash 88@gmail.com	
E-mail address: (to be used for future abrual report notification)	
For further information concerning this matter, please call:	
Jonah Nash av 239, 250-9138	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status	f Status & Dy
Mailing Adduses Street Address	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must o	contain the words "Limited Li	iability Com	pany, "L.L.C.," or "l	LLC.")		
CLE II - Address: ailing address and stre	et address of the principal off	ice of the Li	mited Liability Comp	pany is:		
Principal Office Address:			Mailing Address:			
7901 4th St N	7901 4th St N		7901 4th St N			
STE 300		<u> </u>	STE 300			_
A. A	-		A . A			
imited Liability Comp	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration	Registered A			33702 ndividual or	
ICLE III - Registered Limited Liability Comp er business entity with	Agent, Registered Office, &	Registered A	Agent's Signature			2023 OC
ICLE III - Registered Limited Liability Comp er business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration	Registered A	Agent's Signature			2023 OCT 2
CLE III - Registered Limited Liability Comp or business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration rect address of the registered a Registered Agent	Registered A	Agent's Signature			Z023 OCT 24
ICLE III - Registered Limited Liability Comp er business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration rect address of the registered a Registered Agent	Registered A .) agent are: S Inc	Agent's Signature			
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration rect address of the registered a Registered Agent	Registered A) agent are: S Inc Name	Agent's Signatures gent. You must desig			PN 10:
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration rect address of the registered a Registered Agent 7901 4th St N	Registered A) agent are: S Inc Name	Agent's Signatures gent. You must desig			

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
#1.4CD# 1.4	
"MGR" = Manager	Tonah M. Nash
MGK	
	Naples FL 34109
An	,
	1923
	——————————————————————————————————————
	<u> </u>
	ω
(Use attachment if necessary)	
	date of filing: (COLONAL)
E V: Effective date, if other than the o	tate of filing:
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Filing Fees:

Typed or printed name of signee

Nash

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

Jonah