

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

**L23000519967  
FILED 8:00 AM  
November 17, 2023  
Sec. Of State  
wlawrence**

**Article I**

The name of the Limited Liability Company is:

OLIVER WELLNESS, LLC

**Article II**

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

406 W HILLSBORO BLVD  
DEERFIELD BEACH, FL. 33441

The mailing address of the Limited Liability Company is:

5695 S LOBACK LN  
GILBERT, AZ. 85298

**Article III**

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

BRYAN GEOFFREY  
1830 RADIUS DRIVE  
UNIT 1320  
HOLLYWOOD, FL. 33020

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: BRYAN GEOFFREY

### **Article IV**

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

Title: MGR  
BRYAN GEOFFREY  
1830 RADIUS DRIVE UNIT 1320  
HOLLYWOOD, FL. 33020

Title: AMBR  
MADELINE HORNBECK  
16220 PINEROCK DRIVE  
TAMPA, FL. 33624

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### **Article V**

The effective date for this Limited Liability Company shall be:

11/11/2023

Signature of member or an authorized representative

Electronic Signature: BRYAN GEOFFREY

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.