

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

**L24000042258
FILED 8:00 AM
January 22, 2024
Sec. Of State
sprather**

Article I

The name of the Limited Liability Company is:
COASTAL HEALTH & MEDICAL SPA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9050 CYPRESS GREEN DR
403
JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:
10200 BELLE RIVE BOULEVARD
4503
JACKSONVILLE, FL. 32256

Article III

The name and Florida street address of the registered agent is:
KYLE DAVIS
10200 BELLE RIVE BOULEVARD
UNIT 4503
JACKSONVILLE, FL. 32256

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: KYLE DAVIS

Article IV

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

Title: AMBR
KYLE DAVIS
10200 BELLE RIVE BOULEVARD, UNIT 4503
JACKSONVILLE, FL. 32256

Title: AMBR
MAX MCDANIEL
400 LOWER 36TH AVE S
JACKSONVILLE BEACH, FL. 32250

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Signature of member or an authorized representative

Electronic Signature: KYLE DAVIS

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.