

L240000056420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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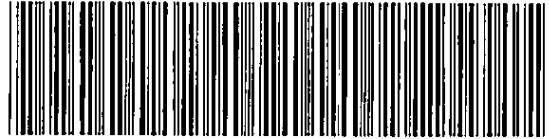
(Business Entity Name)

(Document Number)

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/31/2024

Acc#I20160000072

*en: c SW*

Name:	M8trix Health, LLC
Document #:	
Order #:	15349617 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

ARTICLES OF ORGANIZATION  
OF  
M8TRIX HEALTH, LLC

FILED  
2024 JAN 31 PM 3:15  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA

These Articles of Organization of M8TRIX HEALTH, LLC (the "Company") have been duly executed and are being filed by an authorized person to form a limited liability company under the Florida Revised Limited Liability Company Act as amended from time to time.

1. Name. The name of the limited liability company formed hereby is:

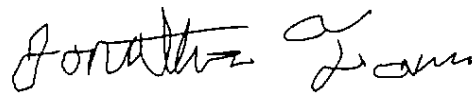
M8TRIX HEALTH, LLC

2. Principal Office. The address of the principal office of the Company in the State of Florida is 4360 North Lake Blvd., Suite 105, Palm Beach Gardens, Florida 33410.

3. Registered Agent. The name and the Florida street address of the registered agent are:

Jonathan Fann  
4360 North Lake Blvd., Suite 105  
Palm Beach Gardens, Florida 33410

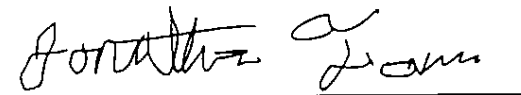
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 605, F.S.



Jonathan Fann

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30 day of January 2024.

By:



Jonathan Fann  
Authorized Person