Feb. 7. 2024 12:f27FM

## epartment of State GG4

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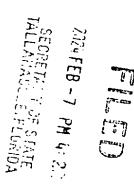
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## FLORIDA LIMITED LIABILITY CO. PMC HEALTHCARE CENTRIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
PMC HEALTHCARI	CENTRIC, LLC		· · · · · · · · · · · · · · · · · · ·	
(Must conta	in the words "Limited L	iability Company, "L.I	L.C.," or "LLC ")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited Lia	bility Company is:	
Principa	l Office Address:		Mailing Addres	<u>\$</u> ;
300 UNION STREET LODI, NJ 07644		P.O.BO LODI, N	X 274 NJ 07644	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own l	Registered Agent. You	Signature: must designate an indiv	ridual or
The name and the Florida street a	ddress of the registered	agent are:		TA:
	NICHOLAS J. SCON	ZO		ZNZ«F SECR ALL/A
		Name		7. FE
,	8950 REDONDA DR	IVE		(/ / / · · · · · · · · · · · · · · · · ·
	Florida street address	(P.O. Box <u>NOT</u> accep	otable)	
	NAPLES	FLORIDA	34114	
•	City	State	Zip	

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.

/s/ NICHOLAS J. SCONZO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\_ . \_

## H240000 523303

<u>Title:</u> "AMBR" = Authorize	.414	Name and Address:	
"MGR" = Manager	n Membel	·	
MGR	—	NICHOLAS J. SCONZO. C/O C. DANELLI 8950 REDONDA DRIVE NAPLES, FLORIDA 34114	- -
	_		- 2
			MZ4 FEB
			-7 P#
			<del>,</del>
(Use attachment if ner			
CLEV: Effective date, if	e date must be spe	of filing: (OPTIONAL) ceffic and cannot be more than five business days prior to or 9 neet the applicable statutory filing requirements, this date will no	•
te of filing.) If the date inserted in th	n the Department o	of State's records.	
te of filing.) If the date inserted in the comment's effective date of	•	of State's records.	
ite of filing.)	•	of State's records.	<del></del>

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

LAWRENCE KIRSCH
Typed or printed name of signee