

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

L24000135335  
FILED 8:00 AM  
March 19, 2024  
Sec. Of State  
tscott

**Article I**

The name of the Limited Liability Company is:  
OWN SLEEP MEDICINE SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
360 CENTRAL AVENUE  
800  
ST PETERSBURG, FL. US 33701

The mailing address of the Limited Liability Company is:  
360 CENTRAL AVENUE  
800  
ST PETERSBURG, FL. US 33701

**Article III**

The name and Florida street address of the registered agent is:  
NOLAN C HOOPER  
360 CENTRAL AVENUE  
800  
ST PETERSBURG, FL. 33701

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: NOLAN CLINT HOOPER

## Article IV

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

Title: AMBR  
BRANDON R MILLER  
608 WASHINGTON STREET #416  
VANCOUVER, WA. 98660 US

Title: AMBR  
NOLAN C HOOPER  
608 WASHINGTON STREET #416  
VANCOUVER, WA. 98660 US

Signature of member or an authorized representative

Electronic Signature: NOLAN CLINT HOOPER

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.

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