

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

**L24000149688
FILED 8:00 AM
March 27, 2024
Sec. Of State
grkersey**

Article I

The name of the Limited Liability Company is:
MOBILE WOUND CARE OF FLORIDA LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1851 BROWN RD
ALVA, FLORIDA, . 33920

The mailing address of the Limited Liability Company is:
1851 BROWN RD
ALVA, FLORIDA, . 33920

Article III

The name and Florida street address of the registered agent is:
BRANDON GONSALVES
1851 BROWN RD
ALVA, FLORIDA, FL. 33920

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: BRANDON GONSALVES

Article IV

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

Title: MGR
BRANDON GONSALVES
1851 BROWN RD
ALVA, FL. 33920

Title: MGR
KANDI ZIELINSKI
1851 BROWN RD
ALVA, FL. 33920

Title: MGR
EDWIN MAHER IV
285 WYLER ST.
PORT CHARLOTTE, FL. 33954

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Signature of member or an authorized representative

Electronic Signature: BRANDON GONSALVES

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.