

**L24000152020**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000119952 3)))



H240001199523ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Support@flpatellaw.com

FILED  
 2024 APR -2 PM 1:10  
 TALLAHASSEE, FLORIDA

FILED  
 2024 APR -2 AM 9:20

**FLORIDA LIMITED LIABILITY CO.**  
**Healthcare Consultanting LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION**  
**FOR**  
**HEALTHCARE CONSULTANTING LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Healthcare Consultanting LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

5138 SE 14th Pl  
Ocala, FL 34471

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 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 as provided for in Chapter 605, F.S.*

*Vishva S Nandu* (sign)  
FLP RA Services LLC

FILED  
2024 APR -2 PM 1:10  
TALLAHASSEE, FLORIDA

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Matthew W. Clay 5138 SE 14th Pl Ocala, FL 34471

**ARTICLE V.**

The Effective date shall be the date of filing.

*Matthew Clay*

(sign)

**Signature of a member or an authorized representative of a member.**

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.

Matthew W. Clay

Authorized Representative/Member

FILED  
 2024 APR -2 PM 1:10  
 TALLAHASSEE, FLORIDA