

4/4/24, 9:17 PM

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Florida Department of State  
Division of Corporations  
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Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
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2024 APR -5 AM 7:50

**FLORIDA LIMITED LIABILITY CO.  
RN HEALTH CARE CONSULTANT LLC**

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2024 APR -5 PM 4: 09

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

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

**Article I**

The name of the limited liability company is:  
**RN HEALTH CARE CONSULTANT LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**2201 NW 119 AVENUE**  
**PEMBROKE PINES, FL. 33026**

The mailing address of the Limited Liability Company is:  
**2201 NW 119 AVENUE**  
**PEMBROKE PINES, FL. 33026**

**Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**TATIANA VALDES**  
**2201 NW 119 AVENUE**  
**PEMBROKE PINES, FL. 33026**

Having been named as a registered agent and to accept service of process of 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: Tatiana Valdes

Article V

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

Title: AMBR  
TATIANA VALDES  
2201 NW 119 AVENUE  
PEMBROKE PINES, FL. 33026

Signature: Tatiana Valdes

Article VI

The effective date of this Limited Liability Company Shall be:

04/04/2024

Signature of member or an authorized representative:

Signature: Tatiana Valdes

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state 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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

FILED  
2024 APR -5 PM 4:09  
TALLAHASSEE, FLORIDA