

To: 8506176381

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From: Dale Sylvester (813) 484-3531

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**Florida Department of State**  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Contact@FLPLawFirm.com

**FLORIDA LIMITED LIABILITY CO.**  
**Veterans Nexus, PLLC**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION VETERANS NEXUS, PLLC

### ARTICLE I COMPANY NAME

1. Name. The name of this limited liability company is:

Veterans Nexus, PLLC (the "Company")

### ARTICLE II PRINCIPAL OFFICE

2. Address. The Company's principal office and mailing address:

13014 N Dale Mabry Highway  
Suite 823  
Tampa, Florida 33618

### ARTICLE III PURPOSE

3. Purpose. The Company has been organized for the purpose of providing medical services, medical consulting services, and to do all lawful activities which may be necessary, useful, or desirable for the furtherance, accomplishment, fostering, or attaining of the foregoing purposes.

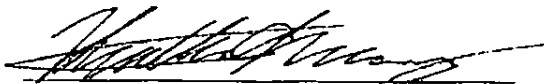
### ARTICLE IV REGISTERED AGENT

4. Registered Agent. The name and street address of the registered agent is:

Fresh Legal Perspective, PL  
6930 W. Linebaugh Avenue  
Tampa, Florida 33625

### ACCEPTANCE OF REGISTERED AGENT DESIGNATION

Having been named as registered agent 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.



Signature of Registered Agent  
Keathel W. Chauncey, Esq. for  
Fresh Legal Perspective, PL

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STATE OF FLORIDA

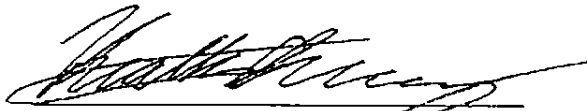
ARTICLE V  
MANAGEMENT

5. Management. The name and address of person(s) authorized to manage the Company:

Title: MGR  
ANTONIO RUIZ  
13014 N Dale Mabry Highway  
Suite 823  
Tampa, Florida 33618

SIGNATURE OF MEMBER OR AN AUTHORIZED REPRESENTATIVE

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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the limited liability company and every year thereafter to maintain "active" status.



Signature of Authorized Representative  
Keathel W. Chauncey, Esq.

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