

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

**L24000181823
FILED 8:00 AM
April 17, 2024
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

ALPHA CARE SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

401 E JACKSON STREET
SUITE 3300
TAMPA, FL. US 33602

The mailing address of the Limited Liability Company is:

401 E JACKSON STREET
SUITE 3300
TAMPA, FL. US 33602

Article III

The name and Florida street address of the registered agent is:

KRISTEN DUELL
3402 GRAY COURT
TAMPA, FL. 33609

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: KRISTEN DUELL

Article IV

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

Title: AMBR
KRISTEN DUELL
401 E JACKSON STREET, SUITE 3300
TAMPA, FL. 33602 US

Title: AMBR
SULTAN MEHMOOD
401 E JACKSON STREET, SUITE 3300
TAMPA, FL. 33602 US

Title: AMBR
MUHAMMAD I UL HAQ
401 E JACKSON STREET, SUITE 3300
TAMPA, FL. 33602 US

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Signature of member or an authorized representative

Electronic Signature: KRISTEN DUELL

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.