

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

**L24000262497
FILED 8:00 AM
June 10, 2024
Sec. Of State
adjohnson**

Article I

The name of the Limited Liability Company is:
MY NURSE HOME HEALTH LLC

Article II

The street address of the principal office of the Limited Liability Company is:
145 LEELON RD
LAKELAND, FL. 33809

The mailing address of the Limited Liability Company is:
145 LEELON RD
LAKELAND, FL. 33809

Article III

The name and Florida street address of the registered agent is:
OMAR LUNA
5855 ODOM RD
LAKELAND, FL. 33809

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: OMAR LUNA

Article IV

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

Title: CEO
FRANK LUNA
145 LEELON RD
LAKELAND, FL. 33809

Title: CFO
CONCEPCION LUNA
738 2ND ST
POLK CITY, FL. 33868

Title: MGR
OMAR LUNA
5855 ODOM RD
LAKELAND, FL. 33809

Signature of member or an authorized representative

Electronic Signature: FRANK LUNA

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.