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## CORPORATE ACCESS, \_

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INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

	CERTIFIED COPY		
X	РНОТОСОРУ		
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	MOBILE WOUND CASORPORATE NAME AND DOC	RE SOLUTIONS, LLC	
			202
((	ORPORATE NAME AND DOC	CUMENT #)	2024 JUN 3
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-((	CORPORATE NAME AND DOG	JUMENT #)	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liability	Company is:				
Mobile Wound Care	Solutions, LLC				
(Must contain	in the words "Lim	ited Liability Соп	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street add	dress of the princi	nal office of the L	imited Liability Company is:		
		par 011100 01 1110 D			
<u>Principa</u>	Office Address:		Mailing Address		
c/o Law Office of Jeff	Novatt. P.A.		c/o Law Office of Jeff Novatt, P.	.A.	
1415 Panther Lane, Suite 432			1415 Panther Lane, Suite 432		
Naples, FL 34109			Naples, FL 34109		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street act	annot serve as its tive Florida regist	own Registered A ration.)	d Agent's Signature: gent. You must designate an indivi	ídual or	
	Jeff Novatt, Esq	l.			
		Name			
	1415 Panther La	ne, Suite 432		1	
	Florida street ad	dress (P.O. Box 1	OT acceptable)		
	Naples	FL	34109		

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 in familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title:  "AMBR" = Authorized Member  "MGR" = Manager	ss:		_
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CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more the of filing.)  If the date inserted in this block does not meet the applicable statutory	nan five business	days prior to or	72
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