

Florida Department of State

**L24000339431**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
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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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
HEALTHRIVE STAFFING LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
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**ARTICLES ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – NAME OF COMPANY**

The name of this Limited Liability shall be HEALTHRIVE STAFFING LLC.

**ARTICLE 2 – ADDRESS OF PRINCIPAL OFFICE**

The street address of the principal office of this Limited Liability Company shall be:  
5622 BERMUDA DUNES CIRCLE, LAKE WORTH, FL 33463.

**ARTICLE 3 – REGISTERED AGENT**

The initial registered agent of this Company shall be LUNETTE WALKER, whose address  
is 5622 BERMUDA DUNES CIRCLE, LAKE WORTH, FL 33463.

**ARTICLE 4 –MANAGER**

LUNETTE WALKER  
5622 BERMUDA DUNES CIRCLE  
LAKE WORTH, FL 33463

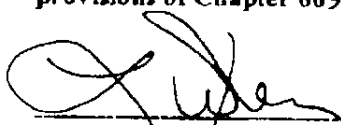
**ARTICLE 5 – TERM OF EXISTENCE**

This partnership shall commence on August 6, 2024 and shall exist perpetually, unless  
dissolved according to law.

In accordance with section 605.0203 Florida Statutes, the execution of this document  
constitutes an affirmation under the penalties of perjury that the facts stated herein are  
true.

  
\_\_\_\_\_  
LUNETTE WALKER  
Manager Member

Having been named as registered agent and to accept service of process for the above stated  
limited liability company at the place designed in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity and to comply with the  
provisions of Chapter 605 Florida Statutes.

  
\_\_\_\_\_  
LUNETTE WALKER

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