

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

**L24000363487
FILED 8:00 AM
August 19, 2024
Sec. Of State
fjeggleston**

Article I

The name of the Limited Liability Company is:
TORTOISE CLINIC LLC

Article II

The street address of the principal office of the Limited Liability Company is:
409 WINDCHIME WAY
FREEPORT, FL. 32439

The mailing address of the Limited Liability Company is:
PO BOX 4651
SANTA ROSA BEACH, FL. UN 32459

Article III

The name and Florida street address of the registered agent is:
RYAN DEVORE
409 WINDCHIME WAY
FREEPORT, FL. 32439

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: RYAN DEVORE

Article IV

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

Title: MGR
KAREN ROYBAL DEVORE
PO BOX 4651
SANTA ROSA BEACH, FL. 32459 UN

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Article V

The effective date for this Limited Liability Company shall be:

08/15/2024

Signature of member or an authorized representative

Electronic Signature: RYAN DEVORE

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.