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FLORIDA LIMITED LIABILITY CO. FEBLES HEALTH CARE MANAGEMENT CONSULTING LLC

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ARTICLES OF ORGANIZATION FOR FURTHER LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

and the manned mainty company is.	•	
Febles Health Case Management Con	solting LLC	·
ARTICLE II - Address: The mailing address and street address of the prince Company is:	,	ed Liability
2117 Calais Drive apt 5 Migi	mì Beach, Fl	- 33141
RTACL!		
iability (
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the reg Company cannot serve as its own Registered Agent. You must designate as with an active Florida registration.)	istered agent are: (The Lit	mitee! Liability raity
Yurama Febles Silva		;
2117 Calais Dr. apt 5 Nic	ami Beadi, Fl	. 33/4/
ARTICLE IV The name and title of each person authorized to make the company: (MGR or AMBR) Yurama Febley Silva (AMB		2024 OCT 25 PH I2: 37 SCURLIARY OF STALE ALLAHASSEE, FLORIDA

200

EIN: 33 - 1642944

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.

Yurama Febles Silva

Typed or printed name of signee

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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