Electronic Articles of Organization For Florida Limited Liability Company

L24000488616 FILED 8:00 AM November 19, 2024 Sec. Of State fjeggleston

Article I

The name of the Limited Liability Company is: FULL CIRCLE HEALTH AND TRAINING CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

13319 SW 135TH AVE MIAMI, FL. 33186

The mailing address of the Limited Liability Company is:

571 SE 33RD TERRACE HOMESTEAD, FL. 33033

Article III

The name and Florida street address of the registered agent is:

DONALD CAJUSTE 571 SE 33RD TERRACE HOMESTEAD, FL. 33033

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: DONALD CAJUSTE

Article IV

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

Title: MGR

DONALD CAJUSTE 571 SE 33RD TERRACE HOMESTEAD, FL. 33033

Title: MGR

MONIQUE MEDLEY 571 SE 33RD TERRACE HOMESTEAD, FL. 33033

Title: MGR WONDIRAD HAILEMARIAM 19544 SW 42ND CT

MIRAMAR, FL. 33029

Article V

The effective date for this Limited Liability Company shall be:

11/19/2024

Signature of member or an authorized representative

Electronic Signature: DONALD CAJUSTE

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.

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