

To: 18506176381

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Florida Department of State
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To:

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

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 07535000541
Phone : (813)875-1333
Fax Number : (813)200-1050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SabineOLaughlin@gmail.com

FLORIDA LIMITED LIABILITY CO.
The Health Matrix Success Navigator LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Audit # H24000394477
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

The Health Matrix Success Navigator LLC

The mailing address and street address of the Limited Liability Company are:

**2708 Abaco Lane
Jacksonville Beach, FL 32250**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing
One January 1, 2025.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all
lawful business for which a Limited Liability Company may be organized under the laws of the
State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability
Company under the laws of the State of Florida.

This form was prepared with the assistance
Of CourtAccess Centers LLC, a
non-lawyer located at 13046 Race Track Rd,
Suite 131, Tampa, FL 33626, 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**2708 Abaco Lane
Jacksonville Beach, FL 32250**

and the name of its registered agent at such address is:

Sabine O'Laughlin

ARTICLE VI
Effective Date

The effective date of this Limited Liability Company shall be January 1, 2025.

ARTICLE VII
Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address

**Sabine O'Laughlin, Authorized Member
2708 Abaco Lane
Jacksonville Beach, FL 32250**

Dated: Thursday, November 28, 2024

Designed by:

Sabine O'Laughlin

Sabine O'Laughlin, Authorized Member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

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FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

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.

Date: November 28, 2024

- DocuSigned by:

Sabine O'Laughlin

Sabine O'Loughlin FRAS 2006

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