

24000513017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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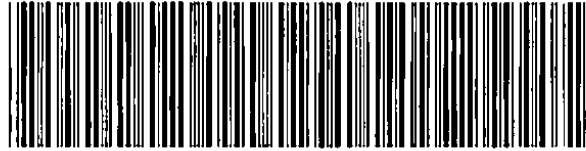
(Business Entity Name)

(Document Number)

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LOUD CANVAS HEALTH LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

AL INSTRUCTIONS:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE I - Name:

name of the Limited Liability Company is:

Loud Canvas Health LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

TICLE II - Address:

mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

212 E Forsyth St
Jacksonville, FL 32202

304 N Hidden Tree Dr.
St. Augustine, FL 32086

TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

e Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or
ther business entity with an active Florida registration.)

name and the Florida street address of the registered agent are:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL

33702

City

State

Zip

ng been named as registered agent and to accept service of process for the above stated limited liability company at the
designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I
er agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

David Rozens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Dempsey Digital LLC

20 Patriots Way

Stratham, NH 03885

MGR

Nick Smith

304 N. Hidden Tree Dr.

St. Augustine, FL 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

AJ Beren

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

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

Amanda J. Beren

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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