

Merritt W. ... 1323628 (02/26/2024 02:03:23 PM)
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Healthcasts Media, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
HEALTHCASTS MEDIA, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Healthcasts Media, LLC**

ARTICLE II: - Address

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

**2875 South Ocean Boulevard
Suite 200-08
Palm Beach, FL 33480**

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

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

Thomas Maxwell Baumer, Jr.
2875 South Ocean Boulevard
Suite 200-08
Palm Beach, FL 33480

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.

Thomas Maxwell Baumer, Jr., as Registered Agent

- Signed by:

Thomas Maxwell Baumer, Jr.

-877FA0EB4781429

Name: Thomas Maxwell Baumer, Jr.

Title: Registered Agent

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ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

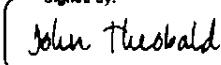
John Theobald
2875 South Ocean Boulevard, Suite 200-08
Palm Beach, FL 33480

* * * * *

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
on December 26, 2024.

Signed by:

JDC120072EC8434

John Theobald, Signature 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 Section 817.155, Florida Statutes.)

John Theobald
Typed or printed name of signee

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