

# L24000529514

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

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Account Name : CAPITOL SERVICES, INC.  
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Phone : (855)498-5500  
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**FLORIDA LIMITED LIABILITY CO.  
MDcentRX, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
MDCENTRX, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **MDcentRX, 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**

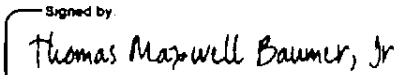
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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  
  
R77EAAER47A1408

Name: Thomas Maxwell Baumer, Jr.

Title: Registered Agent

2024 DEC 27 AM 12:00

**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

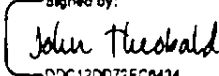
John Theobald  
2875 South Ocean Boulevard, Suite 200-08  
Palm Beach, FL 33480

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

Signed by:  
  
DOC120075ECM34

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

2024 DEC 27 AM 12:00  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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