

To: 2025-1-13 5:55 PM EST Lex
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From: Angel Loomis

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : RASI 5
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

The Health Shift LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

2025 JAN 13 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Health Shift LLC

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

ARTICLE II - Address:

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

Principal Office Address:

760 NW Enterprise Drive

Port St. Lucie, FL 34986

Mailing Address:

760 NW Enterprise Drive

Port St. Lucie, FL 34986

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

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

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

DOMENIC IACOVONE

Name

760 NW Enterprise Drive

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

Port St. Lucie,

Florida

34986

City

State

Zip

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..

/s/DOMENIC IACOVONE

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

Name and Address:

AMBR

DOMENIC IACOVONE
1257 SW MARTIN HWY, PO BOX 73
PALM CITY, FL 34990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Upon 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:

/s/DOMENIC IACOVONE

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.

DOMENIC IACOVONE

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)