

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L26000075270  
FILED 8:00 AM  
February 03, 2026  
Sec. Of State  
mkanderson

**Article I**

The name of the Limited Liability Company is:  
360 PRIMARY CARE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2400 HARBOR BLVD  
SUITE 11  
PORT CHARLOTTE, FL. US 33952

The mailing address of the Limited Liability Company is:  
2400 HARBOR BLVD  
SUITE 11  
PORT CHARLOTTE, FL. US 33952

**Article III**

The name and Florida street address of the registered agent is:  
BINIT S PATEL  
3508 HIDDEN CREEK BLVD  
SARASOTA, FL. 34240

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.

Registered Agent Signature: BINIT PATEL

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
BINIT S PATEL  
3508 HIDDEN CREEK BLVD  
SARASOTA, FL. 34240 US

Title: MGR  
JAKE R HAGER  
749 CLEARVIEW DRIVE  
PORT CHARLOTTE, FL. 33953 US

Title: MGR  
NIKUL D PATEL  
1340 FRONT PLACE UNIT 4101  
NORTH PORT, FL. 34287 US

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Signature of member or an authorized representative

Electronic Signature: BINIT PATEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.