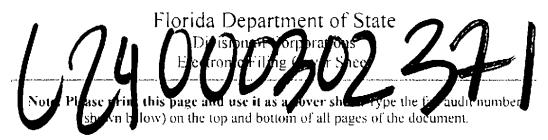
From Vcorp Services, LLC

7/10/24, 1:22 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

**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.

SeniorMed USA LLC

Certificate of Status	0
Certified Copy	()
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 · Name:

The name of the Limited Liability Company is:

SeniorMed USA 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:

Mailing Address:

18886118813

 425 W Colonial Dr Ste 303
 425 W Colonial Dr Ste 303

 Orlando, FL 32804
 Orlando, FL 32804

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:

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. Thereby accept the appointment as registered agent and agree to act in **f** is supacity. 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 Clapte 605, FS

/s/Taylor Lolya

Registered Agent's Signature (40.0) 140.0

(CONTINUED)

SECRETARY OF STATE HVISION OF THE STATE OF T

18886118813

From Vcorp Services, LLC

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

Title:	Name and Address:
"AMBR" = Au "MGR" = Mar	athorized Member
AMBR	
AMBR	<u>Fal Cohen</u> 425 W Colonial Dr Ste 303 <u>Orlando, FL 32</u> 804
(Use attachme	nt if necessary)
(If an effective date is little date of filing.) Note: If the date inserte	date, if other than the date of filing:
ARTICLE VI: Other pro	evisions, if any.
REQUIREDS	GGNATURE:
***********	/s/Tal Cohen
	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.
	Tal Cohen
	Typed or printed name of sign €

Filing Fees: