

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

**L24000373224
FILED 8:00 AM
August 26, 2024
Sec. Of State
cshightower**

Article I

The name of the Limited Liability Company is:

SCALP REVIVE & THRIVE WELLNESS CLINIC, LLC

Article II

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

515 E ALTAMONTE DR
SUITE 120
ALTAMONTE SPRINGS, FL. 32701

The mailing address of the Limited Liability Company is:

1240 E HARRISON STREET
OVIEDO, FL. 32765

Article III

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

BOBBI C MONTGOMERY
1240 E HARRISON STREET
OVIEDO, FL. 32765

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: BOBBI MONTGOMERY

Article IV

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

Title: CEO
BOBBI MONTGOMERY
1240 E HARRISON ST
OVIEDO, FL. 32765

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Article V

The effective date for this Limited Liability Company shall be:

08/25/2024

Signature of member or an authorized representative

Electronic Signature: BOBBI MONTGOMERY

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.