

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

**L24000460259
FILED 8:00 AM
October 29, 2024
Sec. Of State
wlawrence**

Article I

The name of the Limited Liability Company is:
HEALTH CARE PROVIDER SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2519 SE FIRST ST
HOMESTEAD, FL. US 33033

The mailing address of the Limited Liability Company is:
2519 SE FIRST ST
HOMESTEAD, FL. US 33033

Article III

The name and Florida street address of the registered agent is:
INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL. 32801

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: TREVOR ROWLEY

Article IV

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

Title: MGR
JANETTE PEREZ
2519 SE FIRST ST
HOMESTEAD, FL. 33033 US

Title: MGR
SUNEV JULIA
2519 SE FIRST ST
HOMESTEAD, FL. 33033 US

Title: MGR
BARBARA VITA
2519 SE FIRST ST
HOMESTEAD, FL. 33033 US

Title: MGR
MARBELYS GONZALEZ
2519 SE FIRST ST
HOMESTEAD, FL. 33033 US

Signature of member or an authorized representative

Electronic Signature: JANETTE PEREZ

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.