

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

**L24000468107  
FILED 8:00 AM  
November 04, 2024  
Sec. Of State  
kcostello**

**Article I**

The name of the Limited Liability Company is:  
ASCENSION HEALTHCARE SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
311 WEST PALM AVE., 2-616  
TAMPA, FL. US 33602

The mailing address of the Limited Liability Company is:  
311 WEST PALM AVE., 2-616  
TAMPA, FL. US 33602

**Article III**

The name and Florida street address of the registered agent is:  
BRIAN PETERSON  
311 WEST PALM AVE., 2-616  
TAMPA, FL. 33602

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: BRIAN PETERSON

## **Article IV**

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

Title: MGRM  
BRIAN PETERSON  
311 WEST PALM AVE., 2-616  
TAMPA, FL. 33602 US

Title: AMBR  
BECKY PETERSON  
311 WEST PALM AVE., 2-616  
TAMPA, FL. 33602 US

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Signature of member or an authorized representative

Electronic Signature: BRIAN PETERSON

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.