

**L250000 545M7**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
GURKIRPA MANAGEMENT, LLC**

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TALLAHASSEE, FLORIDA

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Help

GURKIRPA MANAGEMENT, LLC

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(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

GURKIRPA MANAGEMENT, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF HEALTHCARE EDUCATION AND ANY OTHER SIDELINES THERETO, AND ANY OTHER BUSINESS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

ARTICLE III

THE INITIAL ADDRESS OF THIS ORGANIZATION IS

7401 NW 16TH STREET #A307  
PLANTATION, FL 33313

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

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ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.


IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL 33068.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:

  
OTHEL TURNER

ARTICLE V

THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

ISHMEET KAUR-KUMAR

MANAGING MEMBER

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7401 NW 16TH STREET, #A307

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PLANTATION, FL 33313  
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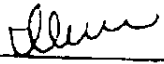
KUSH KUMAR


MANAGING MEMBER

-----  
7401 NW 16TH STREET, #A307

-----  
PLANTATION, FL 33313  
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MANAGER'S SIGNATURES

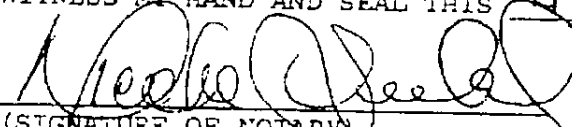
  
\_\_\_\_\_  
ISHMEET KAUR-KUMAR

  
\_\_\_\_\_  
KUSH KUMAR

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY  
AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY  
APPEARED BEFORE ME ISHMEET KAUR-KUMAR AND KUSH KUMAR WHO EXECUTED  
THE FOREGOING ARTICLES OF ORGANIZATION.

WITNESS MY HAND AND SEAL THIS \_\_\_\_\_ DAY OF February, 2025.

  
\_\_\_\_\_  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)

