

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L2500005400034800**FL
2-13-25

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Division of Corporations
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Account Name : RASI 5
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FLORIDA LIMITED LIABILITY CO.
HIGHER ORDER HEALTH LLC

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STATE
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Certificate of Status	1
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGHER ORDER HEALTH 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:

1501 Belvedere Road, Suite 500

West Palm Beach, Florida 33406

Mailing Address:

1501 Belvedere Road, Suite 500

West Palm Beach, Florida 33406

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:

Ryan Brown

Name

1501 Belvedere Road, Suite 500

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FL

33406

City

State

Zip

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Ryan Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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