

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

L25000111289
FILED 8:00 AM
March 05, 2025
Sec. Of State
dsultana

Article I

The name of the Limited Liability Company is:
PALM MEDICAL & REHAB CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5875 LAKE WORTH RD
GREENACRES, FL. US 33463

The mailing address of the Limited Liability Company is:
5875 LAKE WORTH RD
GREENACRES, FL. US 33463

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
ALLIANCE FINANCIAL SERVICES OF FLORIDA LLC
2101 VISTA PKWY STE 124
WEST PALM BEACH, FL. 33411

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: JOSEPH FASCIGLIONE

Article V

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

Title: MBR
IMMACULA MICHEL
5875 LAKE WORTH RD
GREENACRES, FL. 33463 US

Title: MGR
IMMACULA MICHEL
5875 LAKE WORTH RD
GREENACRES, FL. 33463 US

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Signature of member or an authorized representative

Electronic Signature: IMMACULA MICHEL

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.