

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

L25000111469  
FILED 8:00 AM  
March 05, 2025  
Sec. Of State  
cgolden

**Article I**

The name of the Limited Liability Company is:

CKKES HEALTHCARE SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

303 E WOOLBRIGHT RD  
SUITE 215  
BOYNTON BEACH, FL. US 33435

The mailing address of the Limited Liability Company is:

303 E WOOLBRIGHT RD  
SUITE 215  
BOYNTON BEACH, FL. US 33435

**Article III**

Other provisions, if any:

TO PROVIDE COMPREHENSIVE HEALTHCARE SERVICES, INCLUDING BUT NOT LIMITED TO MEDICAL STAFFING, PROFESSIONAL TRAINING, AND HOME HEALTH SERVICES. OUR MISSION IS TO BRIDGE THE GAP IN HEALTHCARE BY DELIVERING RELIABLE AND INNOVATIVE SOLUTIONS.

**Article IV**

The name and Florida street address of the registered agent is:

CLERDINE AUGUSTIN  
303 E WOOLBRIGHT RD  
SUITE 303  
BOYNTON BEACH, FL. 33435

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: CLERDINE AUGUSTIN

## Article V

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

Title: MGR  
CLERDINE AUGUSTIN  
303 E WOOLBRIGHT RD, SUITE 215  
BOYNTON BEACH, FL. 33435 US

Title: AMBR  
EDER LALOI  
303 E WOOLBRIGHT RD. SUITE 215  
BOYNTON BEACH, FL. 33435 US

Title: AMBR  
CHRISTELLE S PIERRE  
303 E WOOLBRIGHT RD, SUITE 215  
BOYNTON BEACH, FL. 33435 US

Title: AMBR  
KEVIN R AUGUSTIN  
303 E WOOLBRIHT RD SUITE 215  
BOYNTON BEACH, FL. 33435 US

Signature of member or an authorized representative

Electronic Signature: CLERDINE AUGUSTIN

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.

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