

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

**L25000151002
FILED 8:00 AM
March 28, 2025
Sec. Of State
dsultana**

Article I

The name of the Limited Liability Company is:
ONPOINT DIAGNOSTICS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2814 S US HWY1
D11
FORT PIERCE, FL. 34981

The mailing address of the Limited Liability Company is:
8316 AMALFI CIRCLE
FORT PIERCE, FL. 34951

Article III

The name and Florida street address of the registered agent is:
LAQUNDA N JOHNSON
8316 AMALFI CIRCLE
FORT PIERCE, FL. 34951

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: LAQUNDA JOHNSON

Article IV

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

Title: MGR
LAQUNDA N JOHNSON
8316 AMALFI CIRCLE
FORT PIERCE, FL. 34951

Title: MGR
ANTAVION A LEE
2538 MOHAWK AVE
FORT PIERCE, FL. 34946

Title: MGR
CHOICES LLC
2330 SAINT LUCIE BLVD
FORT PIERCE, FL. 34946

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Article V

The effective date for this Limited Liability Company shall be:

04/01/2025

Signature of member or an authorized representative

Electronic Signature: LAQUNDA JOHNSON

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.