

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

**L25000167409
FILED 8:00 AM
April 08, 2025
Sec. Of State
jnardley**

Article I

The name of the Limited Liability Company is:
WECARE DURABLE MEDICAL EQUIPMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1759 W BROADWAY ST
SUITE 2
OVEIDO, FL. US 32765

The mailing address of the Limited Liability Company is:
1759 W BROADWAY ST
SUITE 2
OVEIDO, FL. US 32765

Article III

Other provisions, if any:
DURABLE MEDICAL EQUIPMENT SUPPLY OFFICE

Article IV

The name and Florida street address of the registered agent is:
WECARE INSURANCE INVESTMENTS
1759 W BROADWAY ST
SUITE 2
OVEIDO, FL. 32765

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: RACHEAL HANNAH

Article V

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

Title: AMBR
WECARE INSURANCE INVESTMENTS LLC
1072 MCKINNON AVE
OVIEDO, FL. 32765 US

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Article VI

The effective date for this Limited Liability Company shall be:

04/02/2025

Signature of member or an authorized representative

Electronic Signature: RACHEAL HANNAH

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.