

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

**L25000194033  
FILED 8:00 AM  
April 23, 2025  
Sec. Of State  
dsultana**

**Article I**

The name of the Limited Liability Company is:

PHYSICIAN SUPPORT ANSWERING SERVICES, LLC

**Article II**

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

844 TYROL AVE NW  
PALM BAY, FL. 32907

The mailing address of the Limited Liability Company is:

844 TYROL AVE NW  
PALM BAY, FL. 32907

**Article III**

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

KHARMONIQUE P ST HUBERT  
844 TYROL AVE NW  
PALM BAY, FL. 32907

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: KHARMONIQUE ST HUBERT

## Article IV

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

Title: CEO  
KHARMONIQUE P ST HUBERT  
844 TYRO AVE NW  
PALM BAY, FL. 32907

Title: MGR  
EDENS FELIX  
4700 S WASHINGTON AVE  
TITUSVILLE, FL. 32780

Title: MGR  
MONEEVE S PERPIGNAND  
844 TYROL AVE NW  
PALM BAY, FL. 32907

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Signature of member or an authorized representative

Electronic Signature: KHARMONIQUE ST HUBERT

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.