

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

**L25000278884  
FILED 8:00 AM  
June 16, 2025  
Sec. Of State  
grkersey**

**Article I**

The name of the Limited Liability Company is:  
ONEHOUSE HEALTH LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3131 NE 1ST AVE  
APT. 2802  
MIAMI, FL. 33137

The mailing address of the Limited Liability Company is:  
3131 NE 1ST AVE  
APT. 2802  
MIAMI, FL. 33137

**Article III**

The name and Florida street address of the registered agent is:  
DAVID C ASHCRAFT  
3131 NE 1ST AVE  
APT. 2802  
MIAMI, FL. 33137

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: DAVID ASHCRAFT

### **Article IV**

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

Title: AMBR  
DAVID C ASHCRAFT  
3131 NE 1ST AVE APT. 2802  
MIAMI, FL. 33137

Title: AMBR  
ISAAC M ASHCRAFT  
3131 NE 1ST AVE APT.2802  
MIAMI, FL. 33137

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### **Article V**

The effective date for this Limited Liability Company shall be:

06/14/2025

Signature of member or an authorized representative

Electronic Signature: DAVID ASHCRAFT

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.