

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

L25000288988
FILED 8:00 AM
June 27, 2025
Sec. Of State
sprather

Article I

The name of the Limited Liability Company is:
RESOLVE MOBILE WOUND CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2385 N W EXECUTIVE CENTER DR
STE 100
BOCA RATON, FL. US 33431

The mailing address of the Limited Liability Company is:
2385 N W EXECUTIVE CENTER DR
STE 100
BOCA RATON, FL. US 33431

Article III

The name and Florida street address of the registered agent is:
WILLIAM SAFRON
2385 N W EXECUTIVE CENTER DR
STE 100
BOCA RATON, FL. 33431

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: WILLIAM SAFRON

Article IV

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

Title: AMBR
WILLIAM SAFRON
6640 PATIO LANE
BOCA RATON, FL. 33433 US

Title: AMBR
CLAYTON WILLIAMS
240 N MIAMI AVE #2111
MIAMI, FL. 33128 US

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Signature of member or an authorized representative

Electronic Signature: WILLIAM SAFRON

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.