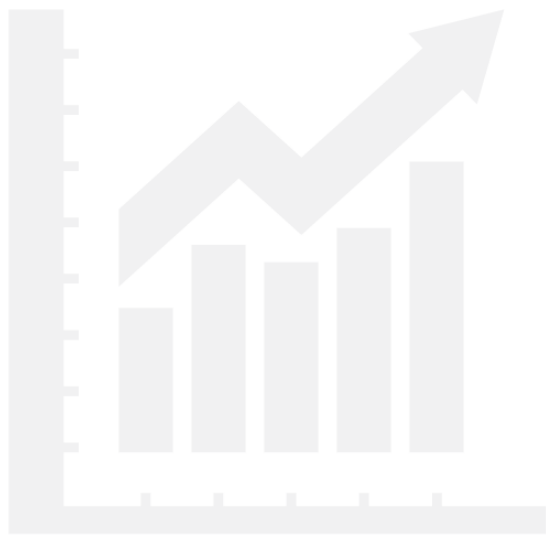


Articles of Organization



A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.



FILED 05/05/2026 05:14 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY
(Section 428-203 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Hawaii, do hereby make and execute these Articles of Organization:

I

The name of the company shall be:

MOHAMED ELKOTB MEDICAL INVESTMENT LLC

(The name must contain the words *Limited Liability Company* or the abbreviation *L.L.C.* or *LLC*)

II

The mailing address of the initial principal office is:

1164 BISHOP ST, STE 940 #740, HONOLULU, HI 96813 USA

III

The company shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the company's registered agent in the State of Hawaii is:

REPUBLIC REGISTERED AGENT LLC

290373C6

TEXAS

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1164 BISHOP ST STE 940, HONOLULU, HI 96813 USA

IV

The name and address of each organizer is:

LOVETTE DOBSON

17350 STATE HWY 249 #220, HOUSTON, TX 77064 USA

V

The period of duration is (check one):



At-will



For a specified term to expire on: _____

(Month Day Year)

VI

The company is (check one):

a.

Manager-managed, and the names and addresses of the initial managers are listed in paragraph "c",
and the number of initial members are:

b.



Member-managed, and the names and addresses of the initial members are listed in paragraph "c".

c.

List the names and addresses of the initial managers if the company is Manager-managed, or
List the names and addresses of the initial members if the company is Member-managed.

MOHAMED ELKOTB

4297 EXPRESS LN, SARASOTA, FL 34249 USA

05/05/202647815

VII

The members of the company (check one):



Shall not be liable for the debts, obligations and liabilities of the company.



Shall be liable for all debts, obligations and liabilities of the company.

Shall be liable for all or specified debts, obligations and liabilities of the company *as stated below*, and have consented in writing to the
adoption of this provision or to be bound by this provision._____
_____We certify, under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that we have read the above statements, I am authorized to
sign this Articles of Organization, and that the above statements are true and correct to the best of our knowledge and belief.

05

MAY 2026

Signed this

_____ day of _____

LOVETTE DOBSON

(Type/Print Name of Organizer)

LOVETTE DOBSON

(Signature of Organizer)

(Type/Print Name of Organizer)

(Signature of Organizer)