

Division of Corporations

Page 1 of 1

200000014857

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000062242 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC - 1 PM 2: 05

To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
Account Number : I19990000171 Att: Ellen Widam
Phone : (305) 379-9000
Fax Number : (305) 379-3428

LIMITED LIABILITY COMPANY
Integrative Health Management Services, LLC

RECEIVED
08 DEC - 1 PM 12: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

((H00000062242 3))

**ARTICLES OF ORGANIZATION FOR
INTEGRATIVE HEALTH MANAGEMENT SERVICES, LLC**

ARTICLE I - NAME

The name of the limited liability company shall be INTEGRATIVE HEALTH MANAGEMENT SERVICES, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be: 7777 N. Davie Road Extension, Suite 102B, Hollywood, Florida 33024.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Miami Center Registered Agents, Inc., 201 S. Biscayne Blvd., Suite 1700, Miami, Florida 33131.

Having been named as registered agent and to accept service of process for the above-stated 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 of registered agent as provided for in Chapter 608, F.S..

MIAMI CENTER REGISTERED AGENTS, INC.

By: *Ron Halperin*
Ronny J. Halperin, Vice President

Ronny J. Halperin
Ronny J. Halperin, Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

::ODMA\WORLD\DOX\T:\2891\0003\00019549.WPD

00 DEC - 1 PM 2:05
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

((H00000062242 3))