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135 SOUTH LASALLE STREET, SUITE 2300 CHICAGO, ILLINOIS 60603-4274 TELEPHONE: (312) 580-1239

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MJH

SHELLEY R. SMITH (312) 580-1235 SRS1235@AOL.COM

October 31, 2000

BURT W. ENGELBERG (312) 580-1236 ENGELBERGB@AOL.COM

00789-02827-001076-001071

Registration Section Division of Corporations PO Box 6327 Tallahasee, FL 32314

WOL-2341 400003590744--5 -01/29/01--01128--011 \*\*\*\*100.00 \*\*\*\*100.00

Re: Integrated Health of Florida, LLC

Dear Sir or Madam:

Enclosed are Articles of Organization for Integrated Health of Florida, LLC for filing along with our check for \$100 for the filing fee. Please file the enclosed and send a letter of acknowledgement to the undersigned at the above address. Thank you for your attention to this matter.

Very truly yours.

Burt W Fheelberg

BWE:lrr

Enclosure

SHERE SARY OF STATE
TYISION OF CORPORATIONS

Of FFR -9 AMIN: 56

400003590744----02/13/01--01001--032 \*\*\*\*\*25.00 \*\*\*\*\*25.00



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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 31, 2001

BURT W. ENGELBERG ENGLEBERG & SMITH 135 SOUTH LASALLE STREET, SUITE 2300 CHICAGO, IL 60603-4274

SUBJECT: INTEGRATED HEALTH OF FLORIDA, LLC

Ref. Number: W01000002341

We have received your document for INTEGRATED HEALTH OF FLORIDA, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Letter Number: 301A00005825

Michelle Hodges Document Specialist

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTEGRATED HEALTH OF FLORIDA, LLC

### **ARTICLE II - Address:**

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

430 Perugia Avenue, Coral Gables, FL 33146

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Franklin Rosenbaum
Name
430 Perugia Avenue
Florida street address (P.O. Box NOT acceptable) Coral Gables, FL 33146
City, State, and Zip

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(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.)

Anthony Bunin, President

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE OF VISION OF CORPORATIONS

Of FEB -9 AM 10: 56