

L010000021347

Infrared Therapy of South Florida  
7539 London Lane  
Boca Raton Fl. 33433  
Phone (561) 361-8656 Fax (561) 998-4246

Florida Department of State  
Registrations Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

100004678221--4  
-11/14/01--01032--006  
\*\*\*155.00 \*\*\*155.00

Dear Sirs,

W01-26489 L01-21347

Enclosed find the request for establishment of LLC entitled Infrared Therapy of South Florida, Ltd

All Communication should be directed to the above address, 7539 London Lane, Boca Raton Fl., 33433

Enclosed find a check to cover registration, dsignation of agent, and certified copy of registration for my records.

Please contact me if there is any further information necessary.

Stuart M Goldman



HL 12/11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 11 AM 9:12

3p



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 19, 2001

STUART M. GOLDMAN  
INFRARED THERAPY OF SOUTH FLORIDA  
7539 LONDON LANE  
BOCA RATON, FL 33433

SUBJECT: INFRARED THERAPY OF SOUTH FLORIDA  
Ref. Number: W01000026489

We have received your document for INFRARED THERAPY OF SOUTH FLORIDA and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 901A00062063

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DIVISION OF CORPORATIONS  
01 DEC 11 AM 9:12

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRATED THERAPY OF SOUTH FLORIDA LLC

## ARTICLE II - Address:

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

7539 LONDON LANE  
BOCA RATON FL 33433

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

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

STUART BOLAN

Name

7539 LONDON LANE

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33433

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.*

[Signature]

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 therefore, a manager - managed company.

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

[Signature]

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.)

\_\_\_\_\_  
Typed or printed name of signer

### 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)

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