

# L02000004689



ACCOUNT NO. : 072100000032

REFERENCE : 406012 7320375

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ 125.00

FILED  
02 FEB 27 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 20, 2002

ORDER TIME : 10:04 AM

ORDER NO. : 406012-001

CUSTOMER NO: 7320375

400005023914-10

CUSTOMER: Ms. Joy A. Rowe  
Ms. Joy A. Rowe

2 North Tamiami Trl Ste. 602

Sarasota, FL 34236

DOMESTIC FILING

NAME: INNOVATIVE HEALTH RESOURCES,  
LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 FEB 27 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*L02-4689*  
*OK*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIVE HEALTH RESOURCES, LLC

## ARTICLE II - Address:

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

2 NORTH TAMiami TRAIL, SUITE 602, SARASOTA, FL 34236

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.*

Corporation Service Company

By: Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

## 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)

Deborah D. Skipper

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.)

Deborah D. Skipper

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)

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TALLAHASSEE, FLORIDA

### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of INNOVATIVE HEALTH RESOURCES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this      day of February, 2002

Joy A Rowe  
Signature  
Joy A Rowe  
Print Name of Signer

WITNESS:

Cynthia J. Stanley  
Signature  
CYNTHIA J. STANLEY  
Print Name of Witness

WITNESS:

Cheryl A. Greiner  
Signature  
Cheryl A. Greiner  
Print Name of Witness

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