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FROM:

FAX NO. : 3052714136

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Division of Corporations

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# Florida Department of State

Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : LORN LEITMAN, C.P.A.  
Account Number : I19980000088  
Phone : (305)279-8943  
Fax Number : (305)271-4421

## LIMITED LIABILITY COMPANY

Synergistic Health Integrations, LLC

Certificate of Status	1
Certified Copy	0
Page Count	013
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is Synergistic Health Integrations, LLC

**ARTICLE II – Address**

The mailing address and street address of the principal office of Synergistic Health Integrations, LLC is:

Synergistic Health Integrations, LLC  
7700 N. Kendall Dr., #405  
Miami, FL 33156

**ARTICLE III – Registered Agent, Office & Agent's Signature**

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

Lorn Leitman  
7700 N. Kendall Dr., #405  
Miami, FL 33156

*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

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**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.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

Lorn Leitman  
\_\_\_\_\_  
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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